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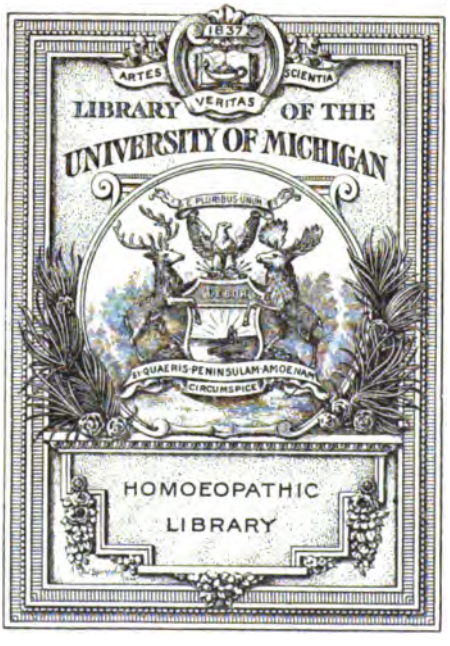
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TRANSACTIONS

OF THE

SEVENTH ANNUAL SESSION

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

1872.

PHILADELPHIA:
JACKSON BROTHERS, PRINTERS, 104 HUDSON STREET.
1872.

PREFACE.

In presenting the annual volume of Transactions of the Homœopathic Medical Society of the State of Pennsylvania, the Committee of Publication desire to call the attention of the members to the following statement.

It was the intention of the Committee to prepare the proceedings and papers of the Society for publication, and issue the same from the press within a very short time after the meeting, as they fully recognize the fact that the value of such publications is in a measure dependent on the promptness with which they are placed in the hands of those entitled to receive them. Their intention, however, was frustrated by the tardiness of some members, who had prepared papers for the meeting and retained them for alteration and amendment, and of others, who had obtained permission to prepare reports or papers after the adjournment of the Society, and forward the same to the Committee of Publication. Some of these reports and papers have not yet been received; but, after waiting for a reasonable length of time, the Committee determined to "go to press" without further delay.

The Committee of Publication would recommend, in view of their experience during the past seven years, the adoption, by the Society, of a resolution similar in tenor to one adopted by the American Institute of Homœopathy, as its recent session in Washington, D. C., and a rigid adherence to its provisions. The resolution referred to is as follows:

"*Resolved*, That hereafter no report or paper will be recieved by the Institute from a bureau or committee of the Institute, or from any individual member thereof, in an incomplete or unfinished condition; and any report or paper having been received by the Institute, and referred to the Committee of Publication, shall pass at once into the hands of the General Secretary, and shall not be returned to the writer under any representations that may be made."

ROB'T J. McCLATCHEY,
BUSHROD W. JAMES,
Committee of Publication.

204999

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J. F. COOPER, M. D., . Allegheny City.
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* The session of 1869 was presided over by WALTER WILLIAMSON, M. D., in the absence of the President and Vice-Presidents; and, by special resolution adopted at the commencement of that session, the officers for the year 1870 were elected immediately prior to the adjournment of the meeting.

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Standing Resolutions.

RESOLVED, That the Homœopathic Medical Society of Pennsylvania, in accepting and publishing Reports of Committees in their Proceedings, *does not necessarily endorse the same.*

RESOLVED, That no longer time than fifteen minutes shall be taken up in reading any single Report. If the Report is of such length as would occupy a longer period, a synopsis of the same, giving the principal points, may be read, and the Report itself referred to the Publishing Committee. *Adopted June* 3, 1867.

RESOLVED, *That the Code of Ethics* adopted by the American Institute of Homœopathy, at its twenty-first session, is hereby adopted as the *Code of Ethics of the Homœopathic Medical Society of the State of Pennsylvania. Adopted May* 19, 1869.

RESOLVED, 1st. That *Harrisburg* shall hereafter be the place of meeting of the Society, and that the annual meeting shall be held on the *first Wednesday in February of every year.*

2d. That instead of the "Committees on Scientific Subjects," as heretofore, a system of *Bureaus of Scientific Subjects* shall be inaugurated, the members thereof to be appointed at each annual meeting, after each Bureau shall have rendered its report for the preceding year.

3d. That there shall be a Bureau of Materia Medica and Provings, one of Clinical Medicine and Zymoses, one of Surgery, one of Obstetrics and Diseases of Women and Children, one of the History of Homœopathy in Pennsylvania,* and a Bureau of Miscellaneous Subjects, to include Anatomy, Physiology, Chemistry, and Hygiene.

4th. That each Bureau shall consist of five members.

5th. That homœopathic physicians in all the counties of the State be, and are hereby requested to form County or District Medical Societies, to co-operate with the State Society.

* Since altered to the "*Bureau of Organization, Registration and Statistics.*"

6th. That the homœopathic physicians of the various counties be, and are hereby requested to make efforts to secure such action of the Legislature as shall insure the extension of the provisions of the "County Medical Bill" to their counties. *Adopted June* 4, 1870.

RESOLVED, That all homœopathic physicians throughout the State be requested to send to the Recording Secretary of the State Society their names and addresses (post office and county), with the college from which they graduated, and date of graduation, in order that a complete directory may be made. *Adopted February* 2, 1871.

RESOLVED, That active members of this Society who may remove beyond the limits of the State, are privileged to retain their membership under the Constitution and By-Laws of the Society. *Adopted February* 7, 1872.

RESOLVED, That each county or local Society prepare and discuss during the year, a paper upon some scientific subject, and present the same at the annual meeting of the State Society, for further discussion and adoption; and that of the papers thus offered, the one deemed most worthy shall be selected as the State Society paper for presentation to the American Institute of Homœopathy. *Adopted February* 8, 1872.

PROCEEDINGS

OF THE

SEVENTH ANNUAL SESSION

OF THE

Homœopathic Medical Society

OF THE STATE OF PENNSYLVANIA,

Held at Harrisburg, February 7th and 8th, 1872.

FIRST DAY—MORNING SESSION.

THE Society was called to order promptly at 10 o'clock, by the President, J. H. MARSDEN, A. M., M. D., of York Sulphur Springs, who thereupon addressed the members as follows:

GENTLEMEN: I know that I express the feeling common to us all when I say that it is with the deepest satisfaction I again meet you, assembled upon an occasion so interesting and important. It seems but the other day when we separated, uncertain who of us might be spared to participate again in the deliberations of this Society, and yet in the order of a kind Providence we are permitted once more to exchange fraternal greetings. For this unmerited kindness on the part of our great Benefactor I trust we are all suitably thankful.

We doubtless are brought together through our interest in a common cause, which we believe to be of paramount importance. No ordinary motive could induce us to leave our comfortable homes and cheerful firesides, our business and our interests behind us, and expose ourselves in the most inclement season of the year to all the hardships and discomforts, not to say

risks and perils, of wayfaring men. We come together for mutual improvement, that we may return to our patients and our friends better qualified to discharge the important duties of our profession, and to deliberate how we may most efficiently contribute to the extension of our peculiar system of medical practice, which we justly regard as one of the best earthly boons vouchsafed to man.

Such being the object of our assembling, it would be highly improper for me to detain you from the legitimate business of the Society by any extended remarks. This I pledge myself not to do. But I hope I shall be pardoned if I direct your attention to several topics, which I think of primary importance toward the attainment of the ends for which we have met.

And first let me remark, that as mutual instruction, and especially the instruction of the younger members of the profession, who belong to this Society (I trust they will excuse me for making the allusion), is a primary object for which we meet, and as we can spend but a very short time together, would it not be proper that we should despatch the mere details of business with as much celerity as their importance will admit, so as to give by far the larger portion of our attention to the reading of papers, and discussions arising therefrom, or upon other subjects strictly professional?

It seems to me, that hitherto business details have occupied too much, and scientific discussions too little, of our time. We assemble here from different parts of this vast commonwealth, each with an experience of his own. The humblest member, if endowed with common powers of observation, comes here with some portion of knowledge not possessed by the rest. Let us learn a lesson from one amongst the smallest and feeblest of insects. As I stand on a summer's evening in front of my apiary, I see the little tenants of the hives hastening home from every point of the compass. They come from very different fields of labor—all laden to the full, but bearing very diverse materials. One has collected honey, one the pollen of flowers, and, it may be, one carries only water; but when brought together, it all goes to swell the common store, in which all have a common interest and in which all are finally to share.

I cannot but think that when gentlemen are virtually requested, by being placed on bureaus, to prepare papers or essays, they should, if possible, be allowed time to read them, provided, of course, their essays be of reasonable length. At the same time, I think it is the duty of every one who prepares a paper for reading, to make himself sufficiently familiar with his manuscript to read it fluently, distinctly, and so as to arrest the attention of his auditors, provided they be capable of fixing their attention. Papers read often elicit discussions more interesting and instructive than themselves. Besides, if they contain anything worth remembering, they are better retained when associated in the memory with the discussion they call forth. We have reason to believe moreover, that papers simply referred to the "Committee on Publication," even though they may be ultimately published in the *Transactions*, are often never read at all. Besides, any valuable information through the annual publication may come too late for some favorable opportunity for testing it. We remember an instance of this, met with in the *Transactions of the American Institute*, which we regretted exceedingly not to have known months before; and another, wherein our recollection of a proving of arsenite of copper, read at a former meeting of this Society, enabled us to apply that remedy, with the most gratifying success, to a case of disease of long standing,—an application which we have since considerably extended—the results of which we hope to give in some future number of our Journal.

Another subject to which I beg leave to direct your attention is the importance of using our influence as a society, as well as individually as members of what was once, with some show of propriety, termed a learned profession, in elevating the standard among us of preliminary as well as professional attainment. Laxity upon this subject, I am aware, is by no means confined to our school, but I would like to see homœopathic physicians take the lead in at least aspiring after a higher order of professional attainment. If I am not mistaken, things in this regard have been retrograding for the last thirty years. I cannot speak confidently of cities and large towns, but I feel certain this has been the case in rural districts. In the county in which I reside, I can remember a time when nearly every member of the medical

profession was a highly educated man. Some, perhaps most, had received their education in Europe. Their descendants that remain are still amongst the prominent men of the county. But I am sorry to say a very different state of things prevails with us at present. There are honorable exceptions, but amongst our present practitioners of medicine are men whose lack of attainments in all forms of knowledge would disgrace a mechanic. The condition of our county in this regard, there is no reason to believe, is exceptional. We are denounced by our brethren of the other school, as quacks and mountebanks. Let us not return railing for railing, but rather refute the ungenerous accusation by showing ourselves workmen that need not to be ashamed, ever zealous and active to correct an evil which we are foremost to deplore. I will not take the time to point out particular methods by which this might most effectually be accomplished. Much of the prevalence of quackery doubtless depends upon the low appreciation entertained by the public of what a physician ought to be. The supply here, as elsewhere, will adapt itself to the demand. Could we but infuse into the minds of the masses just ideas of what constitutes a reputable physician, we should do much toward banishing quackery from the land.

I will ask your indulgence while I direct your attention, very briefly, to one other evil, which has become coextensive with the limits of civilization in our country. I allude to the wholesale destruction of health, and even life, through the nostrums everywhere vended, as yet without let or hindrance. A large portion of many of our secular journals is occupied with advertisements of these preparations, even to the insult of common decency, and thus the ignorant and unwary are allured into the use of articles deleterious to health, and not unfrequently destructive of life. In rural districts, almost every family keeps on hand a more or less extensive supply of these abominable drugs, and whenever sickness occurs, they are sure to be administered before the physician is called. By such injudicious administration, cases easily manageable in the outsetting are often reduced to an incurable condition before suitable skill is employed for their relief. It is easy to imagine how many tender infants are thus consigned to early graves, or what is worse, doomed to pass a weary life with

enfeebled health, brought on through the ignorant employment of some nostrum by parents or nurse.

Might it not be well for this Society to appoint a committee to collect facts, showing the extent and enormity of this evil, with a view to some ulterior action, to abate, if possible, this wide-spread and still increasing nuisance.

And now, gentlemen, accept my sincere thanks for the honor you have conferred upon me, of which I am deeply sensible, and let me crave your kind indulgence when I unintentionally err or fail in the discharge of the important duties which your kind partiality has imposed upon me.

The roll was then called by the Secretary, a large number of members responding to their names; representatives being present from the following counties, viz: Adams, Allegheny, Berks, Chester, Crawford, Cumberland, Dauphin, Montgomery, Philadelphia, and York.

Propositions for membership being in order, the following names were submitted to the Society, accompanied with proper vouchers, and under the rules were referred to the Board of Censors: Lewis F. Bush, M. D., Altoona; P. S. Duff, M. D., Coyleville; James L. Scott, M. D., Coatesville; C. W. Hoyt, M. D., Sharon; William F. Speth, M. D., Lewistown; J. C. Rutter, M. D., Bloomsburg; Wm. Budd Trites, M. D., Manayunk, Philadelphia; S. Hastings Brown, M. D., Philadelphia; J. C. Kennedy, M. D., Buchanan P. O.; W. H. Boardman, M. D., Pittsburgh; Adolph R. Elblein, M. D., Buchanan P. O.; A. P. Bowie, M. D., Uniontown.

A number of bills incurred by the Secretaries in publishing the proceedings of the two preceding meetings of the Society, and issuing notices, &c., were submitted, and the action of the Secretaries in paying them confirmed.

Reports were then received from delegates appointed by the Society to attend the meetings of other medical associations.

Dr. R. J. McCLATCHEY reported as a delegate to the New Jersey State Homœopathic Medical Society.

Dr. PEMBERTON DUDLEY reported on behalf of the delegates to the American Institute of Homœopathy.

Dr. H. R. FETTERHOFF reported as a delegate to the Canadian Institute of Homœopathy.

Dr. R. J. McCLATCHEY, as chairman of the *Committee on Charter*, presented the report of that committee. The report embraced a draft of a bill to incorporate the Society, and a petition to the State Legislature, praying them to pass the Act of incorporation, and to enact that the bill entitled "An Act to regulate medical practice in the counties of York, Crawford, Venango, Warren, Adams, Bucks, Northampton, Lehigh, Perry and Juniata" be made operative throughout the State.

Dr. McCLATCHEY explained the provisions of the proposed charter and the effects of the passage of the bill to regulate medical practice, if made a general enactment for the State. He spoke in favor of the simplicity of the Act of incorporation, and said that its great merit consisted in the absence of cumbersome provisions.

Dr. J. H. McCLELLAND argued in favor of enlarging the scope of the latter bill, so as to regulate the study as well as the practice of medicine. He regarded it as very important that the preliminary education of medical students should be attended to, and any bill passed by the Legislature should have a bearing in that direction.

Dr. HENRY NOAH MARTIN thought that the Society should present a more complete and thorough bill for the protection of practitioners who are graduates, and for the suppression of quackery with all its attendant evils. He offered as a substitute for the bill presented by the committee a lengthy and elaborate Act which had been presented in the Assembly of the State of New York, entitled "An Act to protect the People against Quackery and Crime." This bill, he stated, could be modified in its phraseology to suit the State of Pennsylvania, and might be amended by the Society to suit the views of the members.

On motion, the consideration of the report of the Committee on Charter was made the first business in order for the afternoon session.

Dr. O. B. GAUSE, Treasurer of the Society, then presented his annual report, which showed that the receipts from all sources amounted to $495.21, and the total expenditure to $487.52, leaving a balance in the treasury of $7.69, with two bills unpaid amounting to $14. The Chair thereupon appointed Drs. Charles

H. Haeseler and J. H. McClelland a committee to audit the accounts and vouchers, which were accordingly placed in their hands.

Dr. R. J. McCLATCHEY, on behalf of the *Committee of Publication*, reported that the committee had issued 300 copies of the *Transactions* of the Society during the years 1869 and 1870 in a pamphlet octavo of 268 pages, together with 1000 copies of the annual address delivered at the last meeting of the Society, and had furnished copies of the same to active and honorary members, editors of journals, and other persons entitled to receive them. The report of the committee was, on motion, accepted.

Reports from the County and District Medical Societies being next in order, the following were received.

Dr. J. H. McCLELLAND presented the report of the Allegheny County Homœopathic Medical Society.

Dr. WM. H. COOK presented the report of the Cumberland Valley Homœopathic Medical Society.

Dr. JAMES B. WOOD presented the report of the Chester, Delaware and Montgomery County Medical Society.

DR. R. J. McCLATCHEY presented the report of the Philadelphia County Homœopathic Medical Society.

Dr. MICHAEL FRIESE presented the report of the Dauphin County Homœopathic Medical Society.

The Committee to audit the Treasurer's Accounts reported that they had examined the accounts and vouchers, and found them correct; whereupon the report was accepted and the auditors discharged. The report of the Treasurer was then accepted.

Reports from public institutions under homœopathic medical control being called for.

Dr. J. C. BURGHER reported as delegate from the Homœopathic Hospital and Dispensary of Pittsburg. He stated that the past year had been in every respect the most successful the institution had yet had. As a charity its scope of usefulness had been greatly enlarged, and financially it rested on a sound basis. It is very popular with the people for the great good it does in the community, and is one of the prominent features of the city. During the past year the number of admissions to its medical and surgical wards was much greater than during any

preceding year. During the ten months, since April 1st, three hundred cases have been treated in the hospital, and a very large number of out-patients have received advice and medicine through the dispensary.

Dr. HENRY NOAH MARTIN reported as delegate from the Hahnemann College Hospital, of Philadelphia. He gave a short account of its origin and progress, and stated that it was out of debt, except a mortgage which could remain for a term of years. The number of medical and surgical cases admitted to the hospital during the past year was ninety, with six deaths. One of the deaths occurred in a case of Bright's disease, moribund when admitted; one of ascites, with cirrhosis of the liver; one of cancer of the bladder; one of heart-clot; one of gangrenous erysipelas of the lower extremities; and one of osteo-sarcoma of the thigh. He stated that a full report of the institution was in course of preparation for publication.

Dr. JOHN E. JAMES reported from the Methodist Episcopal Old Folks' Home, of which he is an attendant physician. A large majority of the inmates employ homœopathic treatment, having their choice of practice, there being an allopathic physician also in attendance. There had been no death in the institution during the past year.

Dr. H. N. MARTIN reported from the home for Little Wanderers, of Philadelphia, which is under his professional care. The institution is a great charity, and is very successful. During the past year variola had appeared amongst the children, with one death—the only loss of the year. An infirmary has been added to the institution recently, which is likewise under homœopathic control, as well as a dispensary for the benefit of the sick poor. He regarded this infirmary as a possible starting-point for a children's homœopathic hospital in Philadelphia.

Dr. B. W. JAMES presented the report of the Germantown Homœopathic Dispensary, in the absence of Dr. M. M. Walker, attendant physician.

A lengthy discussion was then entered into on the subject of State aid to charitable medical institutions of the State, and the unwarrantable difficulty, almost amounting to an impossibility,

of getting aid for such charities as are under homœopathic medical control.

Dr. C. H. VON TAGEN said that this was due to the fact that influential allopathic physicians are to be found in both branches of the legislature, and they have heretofore used their best efforts to defeat any such appropriation of the State charitable fund.

Dr. PEMBERTON DUDLEY suggested that a Committee on Legislation be appointed, whose duty should be the looking after homœopathic interests in all such matters, and this committee thus acting, in connection with the influence of each member of the Society exerted upon his own member of the Assembly, or such other as he might be acquainted with, would surely have the effect of securing rights for our school.

Dr. H. N. MARTIN thought that some prompt action should be taken, for out of the $400,000 now recommended to be bestowed by the State on public charitable institutions, not one cent will otherwise be given to charitable institutions under our medical control.

Dr. JAS. B. WOOD thought that the State Board of Public Charities was the proper body to bring our influence to bear upon, as we would be likely to get whatever aid they recommended.

The above reports were then, on motion, accepted.

The Board of Censors reported that they had examined the applications for membership and the credentials of the following gentlemen, and had found them eligible to membership:

S. Hastings Brown, M. D., Philadelphia; J. C. Kennedy, M. D., East Birmingham; Wm. Budd Trites, M. D., Manayunk, Philadelphia; Wm. F. Speth, M. D., Lewistown; James L. Scott, M. D. Coatesville; Wm. H. Boardman, M. D., Pittsburg; Adolph K. Elblein, M. D., Buchanan P. O.; A. P. Bowie, M. D., Uniontown; J. C. Rutter, M. D., Bloomsburg. It was thereupon moved and carried that they be declared members of the Society.

On motion of the Board of Censors, the applications of Drs. P. S. Duff, C. W. Hoyt, and L. F. Bush were laid over for further consideration.

Harriet Judd Sartain, M. D., of Philadelphia, and J. S. Ran-

kin, M. D., of Pittsburg, were proposed for membership, and their names referred to the Board of Censors.

Dr. R. J. McClatchey read a communication from the Orator, Dr. W. Jas. Blakely, of Erie, announcing his inability to be present at the meeting and fulfil the duties of his appointment, in consequence of the sudden and serious illness of his wife. It was thereupon moved and carried that the annual address prepared by Dr. Blakely and forwarded, should be read by the Alternate Orator, Dr. Thomas Moore, of Philadelphia, should he be present; and that if he should be absent, the address be read by Dr. McClatchey.

The Board of Censors reported that they had found Drs. H. J. Sartain and J. S. Rankin to be eligible to membership; whereupon they were duly elected.

Dr. Bushrod W. James offered the following resolution, which was adopted:

"*Resolved*, That active members of this Society who may remove beyond the limits of the State, are privileged to retain their membership under the Constitution and By-laws of the Society."

Dr. Henry N. Martin offered the following resolution:

"*Resolved*, That the Board of Censors are hereby directed to ignore any applications for membership in this Society of persons who have graduated within one year previous to this time at the Philadelphia University of Medicine and Surgery, the Eclectic Medical College of Philadelphia, or the American University of Medicine and Surgery.

Dr. Dudley moved an amendment to the resolution, to the effect that the Board of Censors should ascertain from persons claiming to have diplomas from these institutions, how their diplomas were obtained, and that they should only be recognized in case they had been obtained after two years' regular attendance on lectures, &c.

Dr. J. H. McClelland said that the amendment weakened the force of the resolution. If these institutions are such as they are represented to be, then we should not recognize their diplomas as a sufficient guarantee of eligibility to membership in this Society.

Dr. J. C. BURGHER was also opposed to the resolution as amended, and thought the original resolution should be adopted.

Dr. H. N. MARTIN urged the passage of the original resolution. He stated that the Hahnemann Medical College, of Philadelphia, had some time ago refused to recognize the diplomas of these institutions, which are bringing discredit upon the entire medical profession.

Dr. McCLATCHEY said that this matter of membership is in the hands of the Censors, whose duty and whose interest it is to guard the Society from the admission of improper persons, and this has been done faithfully heretofore. There has been but one instance in which an improper person was admitted, and he was summarily removed. Now it is not for us to pronounce judgment on these colleges prematurely, and he thought it would be highly indecorous to do so at this time, when they are on trial before the legislature in the building in which we now are. If the legislature condemns them and takes from them their charters, then there can be no applications for membership from persons holding their diploma hereafter, or if there should be, the Censors will know how to act. If it should be otherwise, and they are pronounced guiltless and allowed to go on, then the question must be on the individual's fitness who applies for membership holding a diploma from one of these colleges. A man may be a very proper physician, and yet hold one of these diplomas. At the last meeting of the American Institute of Homœopathy, an applicant for membership, who had a diploma from Dr. Paine's College, would have been thrown out, although he graduated honestly, had not he (Dr. McC.) been one of the Censors, and able to vouch for the gentleman's fitness, and to call for the testimony of the Pittsburg gentlemen to the same effect. It was this testimony that saved him, and not his diploma. And this same gentleman has been to-day admitted to membership in this Society, and upon the same ground, for he still has no other diploma than that obtained from Paine's college. It is best to wait until these colleges are tried and condemned before we damn them. We may all believe and know that they are very irregular in their doings, but they are still on trial. He was opposed to the passage of the resolution as unnecessary as well as premature.

THE PRESIDENT did not see any occasion for the passage of the resolution, as Article II of the Constitution seemed to meet the requirements of the case.

Dr. J. F. COOPER deemed it improper and unjust for the Society to pass judgment on these institutions while the matter of their issue of bogus diplomas is undergoing investigation at the present time, by a committee of the legislature. These colleges have not yet been fully heard, and we should take no action until the inquiry by the legislature is ended, and their proper status has been fixed by the Commonwealth.

Dr. J. B. WOOD moved, and it was carried, that the resolution be laid on the table.

The Society then adjourned, to meet at 2½ o'clock, P. M.

AFTERNOON SESSION.

The Society reassembled at 2½ o'clock, the President occupying the chair.

The first business in order being the consideration of the report of the Committee on Charter, its consideration was postponed for the present, in consequence of the absence of some of the members particularly interested in the report.

Augustus Korndoerfer, M. D., was proposed for membership, and his name was referred to the Board of Censors.

Dr. W. R. CHILDS presented and read the report of the subcommittee appointed by the Committee of Arrangements for the Grand Levee to be given by the State Society in honor of the American Institute of Homœopathy, at the twenty-seventh anniversary of that association, held in Philadelphia, in June last. The report stated that all those who had pledged themselves to raise a certain amount towards making up the sum of one thousand dollars, had done so, excepting the member who pledged himself for Lycoming and Centre Counties. Notwithstanding this default, the amount raised exceeded one thousand dollars; which was due to the fact that the Alleghany County Society raised the amount of its subscription to five hundred and thirty-eight dollars; four hundred dollars being the amount originally pledged. The Grand Levee had been given, and fully realized

all that had been expected from it, it having given great pleasure to all who had participated in the festivities of the occasion.

A member asked whether the member who had pledged himself to raise money from Lycoming and Centre Counties had not paid any part of the amount pledged, and whether he had received any of the tickets of admission to the Levee.

Dr. CHILDS replied that he had not paid any part of the amount pledged, and that tickets of admission, in proportion to the amount of money he had pledged himself to raise, had been forwarded to him as a reminder and as an inducement, and the tickets had not been returned to the committee.

On motion, the report of the committee was accepted, and the committee discharged.

Dr. D. L. DREIBELBIS made a verbal report as delegate from the Berks and Schuylkill Homœopathic Medical Society. The delegate was requested to prepare a written report, and forward to the Committee of Publication.

The reports and papers of the *Bureau of Materia Medica and Provings* were then called for. Dr. J. C. Burgher, acting chairman of the Bureau, announced the following papers as being in his possession:

"Cure of Symptoms not recorded in the Pathogenesis of Remedies." By W. Jas. Blakely, M. D.

"The Homœopathic Materia Medica.—On the necessity of its Revision by Re-provings.' By W. Jas. Blakely, M. D.

"Uses of Melilotus officinalis. By G. W. Bowen, M. D., of Fort Wayne, Indiana; presented by W. M. Williamson, M. D.

"Upon the Organization of a Society of Provers." By Chas. H. Haeseler, M. D.

The above papers were read, accepted, and referred to the Committee of Publication.

Dr. HENRY NOAH MARTIN stated that he had in course of preparation a paper for the Bureau of Materia Medica, &c., entitled "How to Study the Materia Medica," and asked the privilege of forwarding it to the Committee of Publication, when completed. His request was granted.

The Board of Censors reported Augustus Korndoerfer, M. D.,

of Philadelphia, to be eligible to membership, and he was thereupon duly elected a member.

The reports and papers of the *Bureau of Clinical Medicine and Zymoses* being next in order, the following papers were announced by Dr. W. M. Williamson, chairman of the Bureau, as being in his possession:

"Sciatica." By Mahlon Preston, M. D.

"Germs of Disease." By John E. James, M. D.

"Treatment of Variola by Variolin." By W. James Blakely, M. D.

"Membranous Croup." By Charles H. Von Tagen, M. D.

"Typhoid Fever." By the Allegheny County Homœopathic Medical Society.

"Cases from Practice." By William D. Hall, M. D.

"Selenium in Nocturnal Emissions." By W. M. Williamson, M. D.

"Aurum Muriaticum in Ozæna." By W. M. Williamson, M. D.

"Cinchona in Quinine Poisoning."' By W. M. Williamson, M. D.

"Clinical Observations." By W. M. Williamson, M. D.

Dr. Mahlon Preston's paper on "Sciatica" was read by that gentleman, and referred back to him for emendation, at his request, to be afterwards forwarded to the Committee of Publication.

The paper on "Typhoid Fever," by the Allegheny County Medical Society, was read as far as completed, by Dr. J. F. Cooper, and referred back to the Society for completion; to be subsequently sent to the Committee of Publication.

The other papers of the Bureau were read, accepted, and referred to the Committee of Publication.

The Society then entered into a discussion on the papers presented by the Bureau.

Dr. J. F. Cooper suggested that this Society recommend to every County Medical Society in the State, the preparation of a paper annually for presentation to the State Society, and that from the papers thus presented the State Society select the one deemed best, for presentation to the American Institute of Homœopathy at its annual meeting, as the scientific paper of the

State Society to the National organization. He spoke earnestly in favor of the plan, and hoped the Society would take action in that direction during the present meeting.

Dr. H. N. MARTIN thought Dr. Von Tagen's paper a remarkable one. He was of the opinion that membranous croup was a disease not so frequently met with in the ordinary run of practice. He had seen but one case that he felt like calling true membranous croup. He thought that where there existed the discharge from the nostrils, as mentioned in the cases reported by Dr. Von Tagen, it was not true croup, and there was little or no danger in such cases.

Dr. J. B. WOOD stated that he had had two cases a short time ago, in both of which there was gleety discharge from the nostrils, and both of which had proved fatal.

Dr. MARTIN reiterated his former statement, and said that the best writers on the subject expressed the opinion he had just given.

Dr. VON TAGEN agreed that membranous croup was not of as frequent occurrence as was sometimes supposed, but he had had more cases of it during the past six months than had occurred through the twelve or fifteen years of his previous experience. He had often noticed symptoms of croup or croupy cough attending a condition he would term one of gastric fever, but these he did not call cases of true croup. He had seen cases that had set in mildly and created no alarm, and Aconite had promptly subdued the existing catarrh, when suddenly there would be a development of false membrane, with all the symptoms of true croup, and the cases would be very grave. There was no fetor; and although they looked somewhat like cases of diphtheria, yet they were not.

Dr. H. N. GUERNSEY thought we had not so much to do with the names of diseases as we had with the remedies that would cure our cases. He gave his experience in the treatment of croup. Frequently *Aconite* alone suffices to cure. When there is considerable fever, the cough is harsh and dry, and appears to give pain to the patient, the voice is hoarse and deep, and there is no mucous rattling, then *Spongia* will cure, and should generally be given throughout the case. *Hepar*, however, has some-

times to be given when the child chokes during the cough. If there is not this choking cough, but an occasional dry, stridulous cough, with a decided rattling in the larynx, the cough hurts the child, and it puts its hands to the throat as though it wanted to tear something away, pulse frequent, as much as 130, he gives *Bromine.* Partial relief is usually prompt, and a cure speedily follows. He had seen the false membrane thrown off in large pieces, like the finger of a glove. What we want to do most of all is to diagnose, as it were, the remedy rather than the disease. It is impossible to tell, in some cases, whether the croup be membranous or not; but that is of no consequence so long as we get the right remedy. It is well to ascertain the form of croup, of course, but if we follow out the landmarks of the remedies, we are successful in curing the case, and that is the main point.

Dr. H. N. MARTIN said he had great respect for the opinions of Dr. Guernsey, but it always made him feel badly when he heard him say he did not care about the name of the disease. He (Dr. M.) wanted to know what ailed his patient, and what would probably be the course of the disease, for, as we all know, different diseases naturally run different courses. To use a quaint illustration: If we are chasing a cat we know it will be likely to run up a tree, but if we are in pursuit of a dog, we know he will not run up a tree. And so with diseases; one will take one direction, and another will run an bpposite course; and it is very well for the physician to know exactly what disease his patient has, that he may know what course the symptoms are likely to take.

Dr. GUERNSEY asked Dr. Martin if he would not give Aconite in any form of croup, if he thought it indicated; and if so, what availed the name of the disease in the selection of the remedy.

Dr. B. W. JAMES asked Dr. Von Tagen whether any members of the family of the children attacked had sore throats.

Dr. VON TAGEN replied that they had not. He knew of many cases of sympathetic sore throat attending an epidemic of scarlet fever, but there were none in these cases.

Dr. JAMES then inquired whether the patients had any chills or chilliness, or languor, or gave evidence of pains flying over different regions of the body.

Dr. VON TAGEN said in reply, that he could not be positive about all, but that most of them had not, and only in one case was there any chilliness.

Dr. O. B. GAUSE said he had been particularly interested in one of the cases reported by Dr. William D. Hall, that of sickness of pregnancy, in which the administration of *Apis* was followed by remarkable results. Dr. Hall had modestly asked the question whether the disease had exhausted itself or whether Apis had cured. He believed the curative result was fairly attributable to Apis. He thought the dyspepsia attendant on pregnancy was regarded from a wrong pathological standpoint. In his opinion, it depended upon cerebral rather than abdominal disturbance, and we should seek in that direction for remedies to control and cure the disorder. He was of the opinion that the nausea and vomiting of pregnancy was dependent upon disturbance of the general sympathetic system, thence reaching the base of the brain, and from thence to the stomach; and he selected his remedies for its cure from the class which affected the nervous system rather than from the class which affected the stomach.

Dr. VON TAGEN endorsed what Dr. Gause had said, but thought the spinal system was likewise involved, and he would, therefore, call the producing influence cerebro-spinal. He regarded the condition of sickness during pregnancy as analogous to sea-sickness, and he had very frequently relieved cases of morning sickness, which he had failed to relieve by other means, by the use of the lumbar ice-bag, applied to the spinal column, in from two to three applications of fifty minutes each.

Dr. H. N. GUERNSEY said that if we knew our remedies better, we would have no occasion to resort to the use of ice-bags. He was sorry that our so-called homœopathists so frequently fly the track. He now cures cases of morning sickness in pregnancy which he could not before cure, because he had found remedies for such cases. If we would stand by homœopathy we would always be improving, and by and by we would be able to cure all these cases; but if we constantly resort to other appliances, we will be content to trust to them, and will not study or improve our materia medica. He would not say that ice-bags would not relieve cases, for he had no experience with such treatment; but

we learn nothing from the use of such means, whereas we do if we cure the case with the properly-selected homœopathic remedy.

Dr. DUDLEY had a very decided opinion on this point. Dr. Guernsey says, if we had a better knowledge of our remedies, &c.; and in that *if* he implies that there may be cases in which he cannot effect a cure without waiting and waiting. Now what are we to do? Are we to let our patients wait until we can study up the remedy, day by day, finding out that now this and then that medicine will not cure? Is not this the plan of allopathy, to try one thing after another? It does not matter what the strength of the given medicine may be; it is the groping in the dark of empiricism. We may ask ourselves the question, is it better to cure a case with or without medicine? He did not think homœopathic medication the best thing in the world, because he thought hygiene much better in some instances, upon the principle that prevention is better than cure. He did not think it right or philosophical that men should be stigmatized for getting outside of homœopathy, when there is so much uncertainty in medical practice, at the best, and the chief object of the physician is to relieve or cure his patient as quickly as possible without regard to the dogmas of schools. But he was not willing to admit that the curing of a case without giving medicines internally was necessarily non-homœopathic. We find persons who are in the habit of constantly taking medicines from their domestic boxes, so that it is a hard matter to get medicines to act on them at all when they are really sick, and we have to select medicine after medicine before we can reach the case, which is a source of delay. If we can cure a case of sea-sickness or the vomiting of pregnancy in a few hours, by the application of a spinal ice-bag, we had better do it rather than allow our patients to suffer possibly for weeks, while we are groping after the proper curative drug. He had as high a regard for homœopathy as any man living ought to have, but he was not so wedded to it as to be willing to sacrifice the comfort of his patient to the limited knowledge at present attainable of the homœopathic action of remedies. He did not wish to be understood that he would resort to allopathic practice or give drugs allopathically; but if we can cure a troublesome and distressing malady without resorting to

any drugs, he thought it should be done; and it was a question whether it would not be best to bring about the cure in that way rather than by the administration of drugs, if it could be done.

Dr. GUERNSEY replied by adjuring the members to stand by the strict letter of the homœopathic law, as it was a sacred duty we owed to the founder of our system.

Dr. S. F. CHARLTON stated that for several years he had used the *oxalate of cerium* in all cases of morning sickness of pregnancy, with unvarying success.

THE PRESIDENT said he had given it in one case just before leaving home, but did not know with what result.

Dr. VON TAGEN stated that the use of the ice-bag, though introduced by an allopathic physician, was certainly no more an allopathic than a homœopathic remedy. It is a simple agent, possessing no deleterious properties; it produces prompt relief, and he felt himself fully justified in using it for the relief of his patients, particularly when he had used medicines without effect. And in many cases its application was not merely palliative, but curative.

Dr. BUSHROD W. JAMES had experience in the use of oxalate of cerium. It very seldom fails in relieving the vomiting of pregnancy, when given in the second decimal trituration, in good sized doses.

Dr. J. H. MCCLELLAND thought that the ice-bag might be homœopathic in some cases, and asked Dr. Guernsey if he did not think so.

Dr. GUERNSEY replied that it might be so, but he did not know it as a remedy. It is not to be found in our Materia Medica.

Dr. H. N. MARTIN was glad to learn that oxalate of cerium would cure all these cases. He had often thought he had a remedy that would cure every case of a given disease, but he had had to mourn over it. He had once thought *Lactic acid* would cure all cases of morning sickness, but it had signally failed in his hands. He had found *Anacardium* useful in some cases and thought he had a cure-all then; but it had likewise failed him. In the first case in which he had given it, the patient's sickness was relieved by eating and she felt better for

about two hours, when it would return to be again relieved by eating. Anacardium had a very prompt and marked curative effect in this case. But in another case apparently similar it had no effect whatever, and he afterwards found symptoms contraindicating its use. We must have the indications in each case well marked; and yet we may find a remedy that seems to cure every case of a given disease, during a certain epidemic, owing to the *genius epidemicus* corresponding to the genius of that remedy. As an instance, he spoke of an epidemic influenza in all cases of which *Allium cepa* proved curative.

Dr. J. H. McClelland had tried oxalate of cerium and lactic acid, and neither of them had cured a single case.

Dr. Thomas Moore had used oxalate of cerium, and it had relieved some cases, but he gave up its use because he had no indications.

Dr. John E. James had used it in three cases, without results.

Dr. McClatchey had used it in several cases several years ago, when it first came into vogue, but had soon abandoned it, as he saw no effects whatever following its use.

A member suggested that those with whom it had failed had possibly procured an inferior or spurious article.

Dr. Mahlon Preston said: I am of opinion we are as well warranted in accepting the provings of drugs obtained by clinical experience as those made in any other way, provided the observations are in a sufficient degree accurate or extended so as fully to cover the case in which the remedies have proved beneficial. The unreliability of this drug (oxalate of cerium) is due undoubtedly to the defective and meagre observations of its allopathic introducers. I fully believe in and hold to the clinical proving of medicines, for we are doing much of it daily in practice, and I know from personal experience that such observations are of great value; but in accepting indiscriminately the observations of others, we fail often because of the versatility in some, and the want of expressiveness in others in relating conditions and circumstances, both on the part of patient and observer.

Especially from allopathic sources should we be careful to

accept evidence with much allowance, and in this case it is apparent that such evidence has been the cause of our frequent deception; the concomitants of these cases, secondary in importance only to the substance used, are omitted, and the observations, though expressing a general truth perhaps, are practically valueless.

The Materia Medica of Dr. Hering, though prospectively a scientific prodigy, has not, so far as I am concerned, taken away much of the difficulty from the study of this branch. Its diffuse character is of itself a barrier to its study; and from the multitude of symptoms collected together, it is a most intricate study to find their exact meaning, and many trials are to be made for their verification. I regard provings of drugs to mean something, only so far as they point the way for us to establish the exact value of the drug by verifying its symptoms. And the more we multiply symptoms in our Materia Medica, the greater becomes the difficulty of our task in testing them. It cannot be said that any symptom or set of symptoms is reliable until verified by actual clinical test. It is, hence, not improper to say that the great mass of symptoms in many provings are unreliable, or to conclude that the clinical proving is valuable or the clinical test only reliable. Dr. Hering has taken all kinds of symptoms—clinical, verified, unverified, and all others—and jumbled them together without regard for the manner in which they were obtained or for their relative value. For this reason, and because the tissue of symptoms are so greatly added to in his work, I regard it as the most unreliable work on Materia Medica we have. The Materia Medica should be simplified and reduced, and not increased in bulk by adding all sorts of symptoms to it.

Dr. William R. Childs said he had used the Allium cepa in a number of cases in which it seemed to be indicated, without any results whatever.

Dr. Augustus Korndoerfer said: The remarks just made are of such a nature that I cannot quietly sit here and listen to them without a few words in reply to one portion, which, to say the least, is a misstatement based on a want of knowledge of the work thus criticized. I refer to the assertion in regard to the Materia Medica in course of publication, edited by Dr. C. Hering,

as found in the *Hahnemannian Monthly*, formerly published with the *Am. J. H. M. M.* Such remarks, coming from one of professional standing like that of my friend, cannot but have weight with those who may have failed thus far to look into the merits of this publication; perhaps even leading to a neglect of one of the most reliable as well as the most complete forms of our Materia Medica ever published; or perchance driving the more inexperienced away from it as from a mountain of difficulties; leading to neglect of study and poverty of ideas for their future, and consequent degeneracy of our now rising system. Having, about four years ago, assisted Dr. Hering, during at least one year, I feel myself called upon to rebut this most unwarranted as well as false charge of unreliability. From personal knowledge of the care with which each symptom is examined and compared before its insertion, resulting in a most scrupulous selection of only such, yet of all such, as come to us from reliable authority; using nothing as positive except it bears the imprint of truth upon it—I would also say from a personal acquaintance with his truly wonderful knowledge of the action of drugs on the human system—I believe there are none—no, not one—living at the present day who has the genius of each remedy so fully by heart that he might be ranked even as a competent substitute, in failure to receive from Dr. Hering his work on the Materia Medica. Farther than this, many symptoms are those from the original as observed and noted by Hahnemann, being translated especially for the present work, in order that the many errors in past translations might be entirely overcome. Here let me say a word in regard to a charge which we so frequently hear from the ignorant against the correctness of the provings—these accusations coming from self-imagined purists, who, knowing no better, believe them to be incorrect because some one told them so; farther than this they have no reason. Let me ask them to look at the provers' names, and dare any one of these accusers sink to such a depth of ignorance or degree of arrogance as to say he could observe better than a Hahnemann and his co-laborers. Is the puny knowledge of such imagined purist more than the merest offal morsel as compared to the wealth of mind of a Hahnemann. As to the

truthfulness of these provings—how were these provings made? In answer to this, firstly, as a rule the prover knew naught of the remedy he was proving either in regard to name or nature; secondly, when he returned his day-book, which was to be kept with all possible care, he gave the accustomed university oath, by the crossing of hands, thus under oath certifying to the truthfulness of all stated in his day-book; then being subjected to a searching cross-examination in order that any inaccuracy might be discovered, the symptoms being thus developed so as to avoid any inaccuracy of wording if possible; this examination closed with giving the oath as before, as seal of truth to be stamped on it to all time. Can provings be made more accurately than this? Could or would those who talk so much of new provings, contracting, condensing, cutting out, &c., make better provings? Dare they blot out one symptom—nay, one word—from these careful observations given to us by our father in medicine?

One unacquainted with the work of editing a Materia Medica in an unbridged form can scarcely conceive of the immensity of labor required, or comprehend the magnitude of work done. Imagine a search taking in only the symptoms of sulphur, comparing with all cures reported from reliable sources for corroboration. Yet this has been done, and at present there is but one symptom, of Hahnemann's almost two thousand, that remains without a most trustworthy confirmation. This fact I learned but a short time since from Dr. Hering, who has thus compared not only sulphur but many other of our remedies. Who among us dare cut out even one of these two thousand symptoms of sulphur, or of any other remedy? On whom should the guilt rest consequent on a failure to cure from the want of access to just such apparently unimportant symptom? Or who shall decide which to cut out and which to retain when all bear a relative importance in selecting a remedy for a given case. Gentlemen, this constant talk about cutting down the Materia Medica, while we daily come across symptoms in our patients which even with our mass of symptoms we find have not yet been observed among any of our provings, is, to say the least, unwise. We want more, not less. Do not cut down to suit those incapable to com-

prehend it in its vastness, but make them study to do away with their incapacity.

I lose all patience when I hear it charged that the life work of a Hahnemann and a Hering is unreliable and jumbled. No, a thousand times, No! The gentleman certainly is not acquainted with either Dr. Hering or his work.

Dr. GUERNSEY followed in the same strain as Dr. Korndoerfer. He thought there was no more reliable man in the profession than Dr. Hering, and his Materia Medica will be a great masterpiece. He regarded Dr. Hering's provings of, and notes on, remedies as invaluable, and he knew well that whatever he put forth was perfectly reliable.

Dr. PRESTON said he had the highest regard for Dr. Hering, nevertheless he thought the symptoms in his Materia Medica so jumbled together as to be unavailable and incomprehensible. He did not mean that they were not to be relied on. He hoped it would not be considered that he meant to say anything of Dr. Hering that could be construed into being disrespectful.

Dr. C. H. HAESELER expressed his great gratification at hearing the remarks of Dr. Korndoerfer. He supposed the Materia Medica could not be better arranged than is being done by Dr. Hering. He then entered into an exposition of his views as to how provings should be made, as expressed in a paper he had read previously.

It was moved and carried that a business session for the consideration of the report of the Committee on Charter, be held after the delivery of the Annual Address.

The Society then adjourned to meet in the Hall of the House of Representatives at 8 o'clock to hear the Annual Address.

THE ANNUAL ADDRESS.

The Annual Address, prepared by W. James Blakely, M. D., Orator, was read by Dr. Thomas Moore, Alternate Orator, in the absence of Dr. Blakely, whose presence was prevented by the sudden and severe indisposition of his wife. The subject of the address was the scientific development of homœopathy. It was a carefully prepared and very interesting paper, and was

listened to with marked attention by the audience, which was composed of members of the Society, members of the Senate and House of Representatives, and a number of the citizens of Harrisburg. Dr. Moore presented the address in a very acceptable manner.

At its conclusion Dr. McClatchey moved, and it was unanimously carried, that the thanks of the Society be tendered Dr. Blakely for his valuable address, and that a copy be requested for publication with the Transactions; and to Dr. Moore for the satisfactory manner in which he had read the Address.

The Society then, on motion, adjourned, to meet in business session.

Evening Session.

The Society reassembled in the regular meeting-room, the President in the chair, for the purpose of considering the report of the Committee on Charter.

The report of the Committee was re-read, together with an act presented to the legislature of the State of New York, entitled "An Act to protect the People against Quackery and Crime," which had been offered at the morning session as a substitute for the report of the Committee on Charter, by Dr. Henry Noah Martin.

Dr. Martin urged the adoption of his substitute and its submission to the legislature of Pennsylvania, the Society praying them to enact the bill. He claimed that it covered all the ground, and that no medical bill which had passed in Pennsylvania hitherto was sufficiently binding, and that all of them had loopholes by which improper persons might escape the provisions of these acts. This bill puts the various schools of medicine on one footing, and if passed they must all come in under its provisions.

Dr. Dudley spoke in favor of petitioning the legislature to enact for the whole State the "County Medical Bill," as suggested by the Charter Committee, first striking out the clause referring to the two hundred dollar fee for a license.

Dr. McClatchey said that in preparing the act of incorporation submitted by the Committee on Charter, his chief object

had been to prepare such a bill as the legislature would be apt to pass, from its extreme simplicity. The bill offered by Dr. Martin premised a great deal of very complicate machinery, which the legislature might provide and set in motion by passing the bill, but which, it would be found, would be very troublesome to keep in good running order. In the bill offered by the Committee it is provided that the Society may enact such rules and by-laws as may be deemed necessary for its proper government, and he did not see that the substitute did much more than provide just such rules and by-laws as the Society might of itself enact, only that they were provided in a very cumbersome way. He might be mistaken about it, but thought that the bill of the Committee was the better of the two, and more likely to be passed in Assembly.

Dr. McClelland moved, and it was carried, that a committee of three be appointed to confer with the Committee on Charter, and report a proper bill for the action of the Society at the morning session on Thursday. The Chair thereupon appointed Drs. McClelland, Martin and Dudley.

The Society then adjourned, to meet on Thursday morning at 10 o'clock.

Second Day—Morning Session.

The Society was called to order at 10 o'clock, by the President.

The reports and papers of the Bureau of Surgery were then called for.

Dr. Thomas Moore read a paper prepared by Prof. Malcolm Macfarlan, of Philadelphia, giving the details of a number of surgical operations performed by him; two of which were lithotomy. One calculus removed was of extraordinary size, being eight and a quarter inches in its largest circumference, and five and a half inches in its smallest, and weighing over four ounces troy. A number of operations on the eye were likewise detailed, together with other important operations. These were all markedly successful, the writer attributing this fact to the use of homœopathic medication, instead of the ordinary treatment pursued by old school surgeons, before and after the operations.

The paper of Dr. Macfarlan was accepted, and referred to the Committee of Publication.

Dr. O. B. GAUSE referred to the case related by Prof. Macfarlan, with which he (Dr. G.) had been connected. He stated that the patient, some years previously, had been thrown from a wagon and injured about the breast. She had, in addition to this, considerable mental anxiety, owing to family affliction. The tumor grew steadily, but slowly, until towards the last year, when it grew quite rapidly. In ten weeks after its removal, pains of a character similar to those she had previously experienced returned, when a second operation was performed which was really more formidable than the first operation. She made a better recovery from this than from the primary operation, and to this day there has been no evidence of a return of the morbid growth, and the woman has better health than for years previously. She formerly had a very persistent tetter on her hands, for which she had used salves.

Dr. J. H. MCCLELLAND, of the Bureau of Surgery, reported verbally. He was requested to prepare a written report, and forward to the Committee of Publication.

The joint committee on the subject of charter reported that they would recommend to the Society the submission of the bill offered by Dr. Martin, with certain emendations and erasures, and with it a petition to the Legislature praying its passage, to be signed by the officers on behalf of the members of the Society now present, as a Committee of the State Society.

The report of the committee was accepted, and the Committee of Conference were discharged.

It was moved that the report of the committee be adopted, which gave rise to an animated discussion.

Dr. W. M. WILLIAMSON opposed the bill, and hoped the whole matter would be let alone. He wished it to be understood that he was in no way a party to the petition to the Legislature. He thought we were competent to take care of ourselves, and other physicians throughout the State should do the same thing. What matters it to us how many itinerants there are in the State; if the people are deluded enough to risk their lives with them rather

than send for a responsible and educated physician, they will do so in spite of all the bills that can be passed.

Dr. JOHN E. JAMES referred to the good workings of the York County bill. He thought the people should be protected from these itinerants who called themselves doctors. They always represented themselves to the people as great personages, and thus the sick are deceived. He thought this thing should interest us, for these men made bad work for the regular physicians to cure, and they interfere with practitioners in both city and country. If we are in favor of homœopathy, we should be in favor of protecting our physicians throughout the State who practice it.

Dr. WILLIAMSON thought that if any county needed protection, the physicians and people of such county could ask and obtain protection for themselves. There are watering-places at different points in the State where residents of cities go in the summer season. Now, if you have this bill passed, that no physician shall practice out of his own county, you cut off these people from having their own physicians prescribe for them while they are away from home, and this is certainly not just to either physicians or their patients.

Dr. J. C. BURGHER looked at it in a different light altogether. The passage of this bill by the Legislature would not only be a legal recognition of our Society by the State, but it would present a broad medical platform upon which both allopathists and homœopathists could stand against one common enemy—quackery. It will break up the nefarious work of these hitherto irresponsible itinerants; will prevent imposition upon the people; and will put a check upon the great crime of abortion, which is rapidly on the increase, and over which we now have no control; while the cities, towns and counties of our State are being flooded with death-dealing agents.

Dr. H. N. MARTIN was astonished to hear Dr. Williamson take the ground he had in so important a matter, and that a man who occupied the position that Dr. W. did in the profession should oppose a measure that was for public as well as professional good.

Dr. WILLIAMSON disclaimed any selfishness in the matter; but

the physicians of the State had not asked for protection, and it was time enough for us, as a Society, to act when we were asked to do so.

Dr. MARTIN said: Let us be liberal, and ask for all the rights that belong to us and that we deserve, and let us help those who do not live in cities, and who have not the same advantages for coping with these impostors that we have.

This, or a similar bill, is in operation in the State of New York, and it has worked well, and there homœopathy is thoroughly recognized and is flourishing well under it. When an allopathist stigmatized a homœopathist as a quack, in New York, the court fined him for his slander, for the law recognized both systems as upon an equality.

We want our institutions helped and protected equally with those of the old school. We and our patrons have given many thousands of dollars into the State treasury, and when the public charities of the State are given out our institutions obtain little or nothing. Our institutions should be helped pro rata as the others are, and under this bill we could claim this right.

This bill protects not only counties, but also cities where midwives and itinerants practice their work, and where quack advertisements are seen thickly and boldly placarded wherever we go. And some of them, too, take the name of homœopathy, and practice their quackery under that kind of a cloak, and thus we, as homœopathists, suffer directly by these deceivers.

There is nothing in this bill to which allopathists could object, and it certainly ought to pass. If it was carefully examined it would be found that it did not interfere with any respectable physician with a diploma practicing in any part of the State, or out of it.

Dr. R. KOCH asked if any of the European medical acts or bills, where the practice of medicine, surgery, and obstetrics were thoroughly protected, had been before the Committee on Charter.

Dr. W. H. COOK wished the people protected. He did not think we as physicians needed any further protection than what we have. Those of us who do not live in a large city can as physicians take care of ourselves as well as any others. The laity

need the protection. He then gave several well-authenticated instances under his own observation in the town where he lived, of deaths that had been produced by the use of quack medicines.

Dr. H. N. GUERNSEY said that this measure was calculated to protect the people, and they appreciated it; and that we should go on and help their interests, as well as those of the profession.

Upon the question being called, a vote was taken, by which the report of the committee was adopted.

Dr. R. J. McCLATCHEY called the attention of the Society to the fact, that since the last meeting two active members of the Society had died, viz.: Dr. Silas S. Brooks, of Philadelphia, and Dr. Benjamin R. Bratt, of Reading, and one honorary member viz.: Dr. Ezekiel Lovejoy, of Owego, New York; and moved that a committee be appointed to prepare resolutions on the decease of these members, and report the same as soon as practicable. This motion was adopted; whereupon the Chair appointd Drs. O. B. Gause, W. R. Childs, C. H. Haeseler, and D. L. Dreibelbis, said committee.

Dr. SMITH ARMOR, of Columbia, tendered his resignation as a member of the Society, which was on motion accepted.

The reports and papers of the Bureau of Obstetrics and Diseases of Women and Children being next in order, the following papers were reported by Dr. C. H. Haeseler, Chairman of the Bureau:

"Diseases of, and Provings of Remedies on Children." By Charles H. Haeseler, M. D., of Philadelphia.

"Application of the Forceps." By J. H. Marsden, M. D., York Sulphur Springs.

"On Puerperal Mania." By J. C. Burgher, M. D., Pittsburg.

"On Post Partum Diet." By O. B. Gause, M. D., Philadelphia.

"Cases from Obstetric Practice." By M. Friese, M. D., of Harrisburg.

The above papers were read in full, accepted, and referred to the Committee of Publication.

The following gentlemen were proposed for membership, and their names referred to the Board of Censors, viz.: O. C. Brickley, M. D., York; S[illegible] M. D., Allentown; William

F. Marks, M. D., Reading; William H. Bigler, M. D., Philadelphia.

Dr. B. W. JAMES announced that the twenty-first annual meeting of the New York State Homœopathic Medical Society will be held at Albany, February 13th and 14th, 1872, and invited the members to attend that meeting, as it promised to be an interesting one.

Dr. FRIESE exhibited a pathological specimen taken by post mortem from one of the cases related in his paper, being a fibroid tumor of the uterus, firmly adherent to the uterine walls.

The bill for binding the *Transactions* of last year, and the bill for printing and sending out circulars by the Bureau of Organization, Registration, and Statistics, which were not in the Secretary's hand when the other bills were presented, were read, and on motion they were ordered to be paid.

The committee to prepare and present a resolution on the death of deceased members made their report, giving sketches of deceased, and offering suitable resolutions of respect for the memory of the departed, and sympathizing with their families and friends. These resolutions were adopted.

A letter was read from Dr. L. H. Willard, announcing that he had a paper in course of preparatien on "Injuries of the Ankle-joint," and asked the privilege of completing the same and forwarding to the Committee of Publication, which was granted.

The Censors reported Drs. William F. Marks, W. H. Bigler, O. C. Brickley, and S. L. Dreibelbis to be eligible to membership, whereupon they were duly elected.

After the reading of Dr. Marsden's paper on the "Application of the Forceps,"

Dr. H. N. GUERNSEY remarked that it was his rule, on applying the forceps, to keep the blades well to the sides of the pelvis, and after each effort at traction to release the grasp of the blades, by which rotation was allowed, and the head accommodated itself more exactly to the forceps. He allowed the points of the blades to rest upon the cranium, and glide over it. He did not use the hand in the vagina to direct the blade. When there was no pain, he examined the blade and parts with his

finger, to see if the instrument was passing on right, and usually found that it was.

Dr. WILLIAMSON.—The objective point in the application of the forceps is the head of the child. Dr. Guernsey directs that traction shall be made in the direction in which the forceps are pointing when at rest. He, Dr. Williamson, thought that the position of the forceps also gave a good general idea of the part of the head grasped by the blades.

Dr. C. H. HAESELER said that in his practice it was not always necessary to have the patient brought to the edge of the bed for application of forceps, with the feet adjusted upon two chairs. He often used them with the patient lying lengthwise on the bed near its edge. He thought it best, however, to place the patient at the edge of the bed.

Dr. FRIESE said he frequently applied the forceps while the patient was lying in the bed, and had found no difficulty in so doing.

Dr. MARSDEN explained that he did not give the position he described as the only one in which forceps could be applied. But he thought it the best, as it gave the best chance and the most "elbow room," so to speak. He thought it the most convenient under most, if not all, instances where forceps are required. He thought, too, there was less liability to injure the woman in this position, especially in the case of young practitioners.

Dr. RICHARD KOCH was much gratified at hearing the remarks by the President, of the importance of grasping the forceps lightly. He thought the fault with medical students, when first using the instrument, was that they grasp them too tightly.

In reference to Dr. Gause's paper on "Post-partem Diet,"

Dr. H. N. MARTIN favored feeding women well after parturition provided there was no circumstance contraindicating the use of substantial food. He related cases illustrative of his practice in this regard. He thought women thus fed got up stronger and more quickly when thus cared for. He thought the ordinary slop victuals prescribed were injurious rather than beneficial. He deprecated the use of beer.

Dr. RICHARD KOCH thought there were cases in which strong

food was not advisable. The over-excitation of the vermicular motion of the bowels by undue feeding, and the generation of gases in the intestines, cannot fail to have some effect on the uterus; and where the uterine parts are tender, and perhaps just on the verge of inflammation, he thought there might be danger.

Dr. MARTIN said that he had excepted all such cases. He did not advise it indiscriminately. He did not claim any originality for his method of feeding.

Dr. BURGHER indorsed Dr. Martin's remarks, and said he had followed the method for years without any bad results.

Dr. GUERNSEY always allowed a good and generous diet after the first two or three days.

The Society then adjourned to meet at two o'clock.

AFTERNOON SESSION.

The Society reassembled at two o'clock, the President in the chair.

The first business in order was the reading of the report of the Bureau of Organization, Registration and Statistics, which was prepared and presented by Dr. Pemberton Dudley, of Philadelphia, Chairman of the Bureau. The report of the Bureau was accepted, and referred to the Committee of Publication, and the Bureau was requested to continue its work during the coming year.

Dr. J. H. MCCLELLAND offered the following resolution which was adopted:

"*Resolved*, That each county or local society prepare and discuss during the year a paper upon some scientific subject, and present the same at the annual meeting of the State Society for further discussion and adoption; and that of the papers thus offered, the one deemed most worthy shall be selected as the State Society paper for presentation to the American Institute of Homœopathy.

Dr. MCCLELLAND likewise offered the following resolution:

Resolved, That this Society adopt a form of constitution and government for the organization of county and local societies,

and a uniformity of operation in the preparation of papers upon scientific subjects, discussions, system of delegation and reports.

He moved that it be referred to the Bureau of Organization, Registration and Statistics for elaboration; which motion was adopted.

Dr. W. R. CHILDS presented a paper which he desired to have referred to the Bureau of Organization, &c., and it was so referred.

The report and papers of the *Bureau of Miscellaneous Subjects* were then called for.

An elaborate paper on Scarlatina, by Dr. J. H. P. Frost, of Danville, embodying some new ideas and the experience of a lifetime, was read, accepted and referred to the Committee of Publication.

Dr. R. KOCH stated that he had prepared an article on Researches into the Construction of Blood-Corpuscles, which, if desired, he would forward to the Committee of Publication. He was, on motion, requested to do so.

Dr. B. W. JAMES presented a synopsis of a paper on Vaccination from kine-pox, giving his reasons for preferring vaccination from this matter, and regarding it as thoroughly protective against small-pox. He gave his experience in propagating cow-pox virus by vaccinating heifers, he having vaccinated fifteen animals.

Dr. M. M. WALKER read a paper on the same subject, giving his experience in the propagation of cow-pox virus by vaccinating heifers, and vaccinations performed with lymph thus obtained.

Other physicians gave their experience in vaccination, and their belief in the superior usefulness of vaccination from cow-pox virus.

Drs. JAMES and WALKER were requested to complete their papers and forward them to the Committee of Publication.

Dr. GUERNSEY had found in his own practice and in that of others, in cases of variola, a remedy which had proved useful when the following indications were presented: the eruption seems to come out all right, and the case is going on apparently in a satisfactory manner, when the eruption recedes, the patient becomes short of breath, sleepless, restless, there is scanty se-

cretion ef urine, and either great thirst, or none at all. In these cases he gives Apis mellifica. Dr. G. then recited cases in illustration of the action of Apis. In the hemorrhagic variety of small-pox, when the attack comes on with vomiting and purging of blood, the patients are stupid, and the rash does not come out, there are a number of remedies indicated, such as Antim. crudum, Arnica, Bell., Bry., Canth., Cham., Hyos., Merc. sol., Puls., Rhus., Sil., Stram., Lach., and Thuja, according to the indications.

Dr. Guernsey asked and obtained leave to offer the following resolution:

Resolved, That hereafter no cases shall be reported to the State Society which have not been treated in strict accordance with homœopathic principles; and that no papers be received or published as part of the transactions of the Society, in which remedies are mentioned as having been used in alternation.

A motion to lay the resolution on the table was lost.

Dr. Friese said he supposed this was intended for his benefit, because he had alternated in the cases he had reported. He was unable to see anything non-homœopathic in the alternate use of medicines; and the best and ablest homœopathists all over the world do it.

Dr. Guernsey did not wish to restrict the members in their practice, but he did not wish such reports to be brought here, as nothing could be learned from them, and such treatment was non-homœopathic and unscientific. His object in coming here was to help make progress in homœopathy.

Dr. Williamson said he had moved that the resolution be laid on the table, because he thought such an intolerant resolution should not be discussed in any liberal society. The passage of such a resolution would break up the Society. He did not think that any set of men had a right to dictate to others what they should do, particularly when they were greatly in the minority.

Dr. J. H. McClelland said that while he might agree with Dr. Guernsey that the single remedy was the best practice, and that more could be learned from cases treated by the single remedy than when medicines were given in alternation, yet while

disease was so complex and difficult to be understood, and the knowledge of the curative power of drugs so very limited, he was opposed to any such resolution being adopted.

Dr. W. R. CHILDS said that he always gave one remedy at a time when he could do so, and more than one when he could not satisfy himself with one. You may lead a horse to water, but you can't make him drink. Now let those who use the single remedy always, prove to those who alternate, that the single remedy plan is the most effective, and prove it by something more reliable than individual assertion, and the alternaters may then be led to abandon their wicked ways. But this resolution may drive them out of the Society, but it will not convince them, by its passage, of anything but the bigotry of some of their fellow members.

Dr. J. C. BURGHER said, that in his own practice he adhered as strictly as possible to the use of the single remedy, and he believed that the alternation of remedies was a bad practice; but he was not willing to have any such exclusive resolution adopted by the Society, as he was satisfied it would do more harm than good.

Dr. DUDLEY thought the resolution struck at the very root of the Society, as it was an attempt to fetter thought, opinion, and action. It has often been asserted that the use of the single remedy is the best practice, and no doubt it is whenever a cure can be accomplished by it; but the doctrine that alternation of remedies is non-homœopathic and unscientific is mere assertion by those who think so, and the practice has never been logically or scientifically proven to be either. On the contrary, the greatest men of the homœopathic school, including Hahnemann, Hering, and Grauvogl, have admitted its necessity, or indorsed it as scientific practice.

The resolution was still further discussed, the general opinion arrived at being, that while the alternation of remedies might not be the best practice, it was not non-homœopathic, and that views that might not be consonant with those of some members should not, therefore, be excluded, or their discussion prevented.

The resolution was then voted on and declared lost.

Dr. W. R. CHILDS, Necrologist of the Society, then pre-

sented and read his report, in which he referred to deceased members. He asked permission to complete his report and forward it to the Committee of Publication, which was granted.

Dr. DUDLEY offered the following resolution, which was adopted:

Resolved, That the Homœopathic Medical Society of Pennsylvania will heartily co-operate with the American Institute of Homœopathy in securing for our cause the best possible results from the proposed convention of homœopathic physicians from all parts of the world, to be held in Philadelphia, upon the occasion of the centennial celebration in 1876, and we will labor to extend to our honored brethren from abroad a hearty and cordial welcome.

Dr. MCCLATCHEY offered the following:

Resolved, That the thanks of this Society are hereby heartily given to the newspaper press of Harrisburg for reporting our proceedings, and particularly to the *State Journal* and *Patriot* for the very full reports published in those papers.

Dr. DUDLEY offered the following preamble and resolutions, which were adopted with but one dissenting voice:

WHEREAS, Special efforts are now being made, by the enactment of local option laws, to restrain the sale of intoxicating liquors, and whereas, the medical profession has been greatly censured for seeming to demand their sale for medicinal purposes: therefore,

Resolved, That this Society, representing the views of the vast majority of homœopathic physicians of our State, desires to call the attention of the public, and particularly of our law-makers and judges, to the following statement of our opinions in reference to the subject.

1. That there are but three purposes for which alcoholic liquors are indispensable in the dispensing of medicines for the sick, first, to hold in solution the active principles of drugs which will not dissolve in other liquids; second, to preserve medicinal substances from decomposition; and third, to produce a diffusive stimulation.

2. That the stimulating effect of alcohol is not improved by combining it with other remedial substances, but it may be administered separately without impairing its efficiency.

3. That the sale of tonics and bitters (so-called), or of any other medicine which contains more than sufficient alcohol to hold its active principles in solution, and preserve them from chemical change, is a violation of the spirit of prohibition, and is moreover a fraud upon the consumer, unless they be sold under their proper names of "medicated" or "drugged liquors."

4. That pure alcohol, in various grades of dilution, affords all the diffusive stimulation that may be obtained from whiskies, brandies, malt liquors, &c., and is, moreover, less liable to undetected adulteration, while the utmost advantages claimed for the use of these various liquors, over and above that of pure alcohol, when compared with the injurious effects of their unrestrained use as "medicine," and the results of defective and inefficient prohibitory legislation, are trifling and contemptible in the contrast, and unworthy of any serious consideration.

Resolved, That we do *not* ask that the sale of whisky, brandy, malt liquors, &c., be allowed even "for medicinal purposes," and we recommend our fellow-citizens to insist upon the enactment of laws which shall prohibit the sale of any alcoholic liquors whatever for such purpose, except pure alcohol only.

Resolved, That we earnestly protest against being hereafter held to any greater degree of responsibility than our fellow citizens generally for the indiscriminate use of intoxicating liquors as "medicines," and for opening, through our drug stores, a door of escape for evil-doers.

Dr. W. R. CHILDS offered the following resolution:

Resolved, That the editor of the *Hahnemannian Monthly*, which is the organ of the State Society, have the privilege usually accorded him of publishing such parts as he may wish of the proceedings of this meeting, and the papers read thereat, in his journal, in advance of the regular volume of *Transactions*.

It was moved to amend that the *American Journal of Homœo-*

pathic Materia Medica be added, and the motion as amended was adopted.

Dr. B. W. JAMES offered the following resolution:

Resolved, That the thanks of this Society are most heartily tendered the Legislature of the State for their kindness in placing at the disposal of the Society the rooms in which our meetings have been held, and to the House of Representatives especially for the use of the hall of the House for the delivery of the Annual Address, and to the officers of the Legislature.

The Society then proceeded to the election of officers.

Dr. WILLIAM H. COOK and the Secretaries were appointed to act as tellers.

The following officers were thereupon duly elected by ballot for the ensuing year:

President.—Dr. Bushrod W. James, of Philadelphia.

First Vice-President.—Dr. Mahlon Preston, of Norristown.

Second Vice-President.—Dr. J. C. Burgher, of Pittsburg.

Treasurer.—Dr. Owen B. Gause, of Philadelphia.

Recording Secretary.—Dr. Mahlon M. Walker, of Germantown.

Corresponding Secretary.—Dr. Pemberton Dudley, of Philadelphia.

Censors.—Dr. M. Friese, Harrisburg; Dr. H. N. Martin, Philadelphia; Dr. W. D. Hall, Carlisle.

Necrologist.—Dr. Wm. R. Childs, Pittsburg.

Orator.—Dr. Thomas Moore, Germantown.

Alternate Orator.—Dr. L. H. Willard, Alleghany City.

After the election of *President* had been effected, the President of the Society, Dr. Marsden, called the First Vice-President, Dr. S. F. Charlton, to the chair, as he wished to leave in order to make a train for home.

Dr. J. H. MCCLELLAND thereupon moved, and it was carried unanimously, that the the thanks of the Society are due, and are by vote tendered the retiring President, for the able and courteous manner in which he had presided over the meeting.

After the election of officers, the Vice-President, Dr. Charlton, by direction of the Society, conducted the President elect to the chair, who thereupon made a few remarks appropriate to the

occasion, and thanked the Society for the honor it had conferred upon him.

It was moved and carried, that the sincere thanks of the Society are heartily voted the retiring Secretaries, who had declined a re-election, for their untiring exertions in behalf of the Society during the past seven years.

The minutes of the meeting were approved.

The Society then adjourned to meet in Harrisburg, February 5th and 6th, 1873.

BUSHROD W. JAMES,
Recording Secretary.
ROBERT J. MCCLATCHEY,
Corresponding Secretary.

The following appointments were made by the President and Secretaries, in accordance with the instructions of the Society.

BUREAUS OF SCIENTIFIC SUBJECTS.

BUREAU OF MATERIA MEDICA AND PROVINGS.—J. C. Burgher, M. D., Pittsburg; Thomas Moore, M. D., Germantown; Henry Noah Martin, M. D., Philadelphia; Henry N. Guernsey, M. D., Philadelphia; W. James Blakely, M. D., Erie.

BUREAU OF CLINICAL MEDICINE AND ZYMOSES.—W. M. Williamson, M. D., Philadelphia; John E. James, M. D., Philadelphia; L. M. Rousseau, M. D., Pittsburg; Wm. D. Hall, M. D., Carlisle; Mahlon M. Walker, M. D., Germantown.

BUREAU OF SURGERY.—L. H. Willard, M. D., Allegheny City; A. R. Thomas, M. D., Philadelphia; J. H. McClelland, M. D., Pittsburg; Malcolm Macfarlan, M. D, Philadelphia; John J. Detwiler, M. D., Easton.

BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—J. H. Marsden, M. D., York Sulphur Springs; C. H. Haeseler, M. D., Philadelphia; M. Friese, M. D., Harrisburg; O. B. Gause, M. D. Philadelphia; Robert J. McClatchey, M. D., Philadelphia.

BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.—Pemberton Dudley, M. D., Philadelphia; Henry Detwiler, M. D., Easton; Mahlon Preston, M. D., Norristown; Wm. R. Childs, M. D., Pittsburg; Wm. H. Cook, M. D., Carlisle.

BUREAU OF MISCELLANEOUS SUBJECTS.—J. F. Cooper, M. D., Allegheny City; S. T. Charlton, M. D., Harrisburg; James B. Wood, M. D., West Chester; D. L. Dreibelbis, M. D., Reading; E. W. Garberich, M. D., Mechanicsburg.

COMMITTEE OF ARRANGEMENTS.—Michael Friese, M. D., Harrisburg; S. T. Charlton, M. D., Harrisburg; E. J. Carmany, M. D., Harrisburg; C. H. Von Tagen, M. D., Harrisburg; W. H. Cook, M. D., Carlisle; E. W. Garberich, M. D., Mechanicsburg.

PUBLISHING COMMITTEE.—Robert J. McClatchey, M. D., Bushrod W. James, M. D.

COMMITTEE ON CHARTER.—R. J. McClatchey, M. D., R. Ross Roberts, M. D., J. K. Lee, M. D., J. C. Burgher, M. D., Bushrod W. James, M. D.

DELEGATES TO OTHER MEDICAL ORGANIZATIONS.

Delegates to the American Institute of Homœopathy.—Richard Koch, M. D., Hiram R. Fetterhoff, M. D., C. G. Raue, M. D., M. Coté, M. D., J. C. Morgan, M. D., Robert Faulkner, M. D.; D. L. Dreibelbis, M. D., J. W. Brickley, M. D., Joseph E. Jones, M. D., John Malin, M. D.

Canadian Institute of Homœopathy.—J. H. P. Frost, M. D., Samuel Brown, M. D., John Bryan, M. D.

California State Medical Society.—J. R. Reading, M. D., David Cowley, M. D., E. A. Farrington, M. D.

Connecticut State Society.—C. A. Stevens, M. D., A. J. Clark, M. D., C. B. Dreher, M. D.

Illinois State Society.—S. R. Dubs, M. D., Richard Gardiner, M. D., B. F. Dake, M. D.

Indiana State Society.—Wm. T. Urie, M. D., Aug. Korndoerfer, M. D., I. D. Johnson, M. D.

Kansas State Society.—H. M. Logee, M. D., M. W. Wallace, M. D., E. A. Wareheim, M. D.

Maine State Society.—H. E. Reinhold, M. D., Griffith Reno, M. D., W. B. Reynolds, M. D.

Massachusetts State Society.—H. J. Sartain, M. D., R. C. Smedley, M. D., C. J. Wiltbank, M. D.

Michigan State Society.—S. R. Rittenhouse, M. D., C. E. Toothaker, M. D., T. Pratt, M. D.

New Hampshire State Society.—Thomas Wallace, M. D., W. Budd Trites M. D., S. Hastings Brown, M. D.

New Jersey State Society.—Bushrod W. James, M. D., R. J. McClatchey, M. D., R. P. Mercer, M. D.

New York State Society.—A. Lippe, M. D., G. W. Malin, M. D., W. H. H. Neville, M. D.

Ohio State Society.—W. C. Boardman, M. D., J. C. Kennedy, M. D., A. Elblein, M. D.

Vermont State Society.—A. H. Clayton, M. D., J. H. Spencer, M. D., J. N. Pond, M. D.

Wisconsin State Society.—James L. Scott, M. D., A. P. Bowie, M. D., J. S. Rankin, M. D.

REPORTS FROM HOMŒOPATHIC MEDICAL SOCIETIES.

HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY.

Delegates, 1872.—J. F. Cooper, M. D., *Chairman;* J. C. Burgher, M. D., L. M. Rousseau, M. D., W. R. Childs, M. D., J. H. McClelland, M. D.

President—J. F. Cooper, M. D.

Vice President—L. M. Rousseau, M. D.

Secretary—J. H. McClelland, M. D.

Treasurer—Marcellin Coté, M. D.

Censors—J. S. Rankin, M. D., W. R. Childs, M. D., J. C. Burgher, M. D.

The Society meets regularly at the Homœopathic Hospital, Pittsburgh, on the second Friday of every month.

The attendance during the last year has been unusually large, and increased interest has been manifested in the operations of the Society. It has also been active in carrying forward various projects for the increase and extension of Homœopathy.

Among the papers read before the Society are the following:

"Prostatitis." By C. P. Seip, M. D.

"Variola." By J. F. Cooper, M. D.

"Vaccination." By C. Baelz, M. D.

"Physiological and Hygienic Basis of Exercise." By J. C. Burgher, M. D.

Very interesting discussions have been had each month on the prevailing diseases.

As having special relation to this meeting, a committee was appointed a short time ago to prepare a paper for presentation to the State Society, the subject of *Typhoid Fever* having been selected. The chairman of that committee will present the paper at the proper time.

It is respectfully suggested that all local Societies adopt a similar course, and of the papers thus offered, the one deemed most worthy by this Society be selected and presented to the American Institute of Homœopathy.

There are 22 active members, 8 associate, and 1 honorary.

Cumberland Valley Homœopathic Medical Society.

Our Society has now been in existence six years, and not a single meeting has ever been omitted. The objects for which the Society was organized have been promoted, and its usefulness yearly augmented. Its membership has more than doubled in that time, and its patrons have increased in even larger proportion, many of whom are devoted adherents. The members have taken a lively interest in all that pertains to the advancement of Homœopathy, and all who are eligible are members of both the State and National Medical Societies. The following are the officers of the Society:

President—J. H. Marsden, M. D., York Sulphur Springs.
Vice-President—B. Bowman, M. D., Chambersburg.
Secretary and Treasurer—Wm. H. Cook, M. D., Carlisle.

Berks and Schuylkill Homœopathic Medical Society.

The sessions of this Society are held semi-annually. Number of active members, 16; number on roll, 20. The last meeting was held at Kutztown, Berks county, on October 31st, 1871. It was well attended, and the most interesting of the kind held since its organization. The newly elected President, Dr. B. R. Bratt, of Reading, died January 31st, 1872. Dr. C. B. Dreher, of Tamaqua, is the Vice-President of the Society. The Society is in a prosperous condition, and *all* its members manifest an interest and take an active part in its proceedings.

Homœopathic Medical Society of Chester, Delaware and Montgomery Counties.

As Secretary of and delegate from this Society, I would very respectfully submit the following as a synopsis of the proceedings of the same during the past year; and in so doing I feel assured that I give expression to the united sentiment of the members when I say, its meetings have certainly been a source of contribution to the stock of knowledge already elicited in former years from these meetings—there having been papers read and clinical experience given all tending to the promotion of Homœopathy, by adding to the experience of its practitioners.

Papers have been read and discussions had upon the following subjects, viz.:

A very interesting and instructive communication upon "Intermittent Fever," by Dr. COATES PRESTON, of Chester, this being a district which affords especial opportunities to the physician for the study and treatment of this (ofttimes) obstinate affection. He enumerates as remedies possessing the most reliable curative properties, from his experience, the following, viz.. Nux vom., Ars., China, Ipec., Gels., Natr. mur., Ign., Sep., Lyc., Lach., and Sul. A full report of this paper may be found in the *Hahnemannian Monthly* for May, 1871. In this connection, Dr. MAHLON PRESTON spoke of having cured two cases with Eucalyptus globulus, the symptoms characterizing the drug being chill twice daily, followed by heat and sweat, and in connection there was cough, with pain in the chest.

Dr. JAMES B. WOOD presented a paper upon the subject of "Uterine Displacements," in which he sets forth that "fashion is the greatest evil under which the female portion of the community are suffering, this being as it were the mother of most of the diseases of this character; that, according to nature, woman was designed and formed that the period of gestation should be one of pleasure rather than suffering;" averring that, "under one head all classes of these disorders (except from undue exercise) may be placed, to wit: the pomp and revelry of fashionable life, and the habit of tight lacing, and suspending the clothing worn from the waist, thereby interferring with both the thoracic and abdominal viscera in the performance of their natural functions, by hindering digestion and assimilation, and retarding circulation, thus enfeebling every part; consequently producing, in addition to the above, tubercular and other diseases. And, as to treatment, the first step must be in the removal of the cause, and this being done, the most cases of prolapsus uteri will get well in a short time, while those occurring in feeble and relaxed constitutions will be benefited by the administration of appropriate remedies. Is not a believer in the doctrine that antiversion, retroversion, or flexion of the uterus can be cured altogether by medicine, but will require in addition mechanical means; and in this would not be understood to be an advocate of the frequent examinations (made by many physicians) of this organ—an ope-

ration so disgusting to every female of refinement, as well as to the physician; would only favor such examinations for the purpose of making local applications to the parts.

Further, in the removal of the cause, mothers must teach their daughters that the laws of health require exercise as well as rest, and that the natural laws which govern their being cannot be disobeyed with impunity, that every part of the body requires the most perfect freedom, that it is not lady-like or genteel to have waists like wasps or backs like camels, that the practice of wearing high-heeled shoes throws the body when walking or standing into an unnatural position, and finally, that all clothing worn heretofore, supported by compression of the waist, should be suspended from the shoulders; then will women assume stalwart symmetry and health, no longer suffering from uterine displacements from the causes herein set forth."

Dr. Mahlon Preston also read a very interesting paper upon the same subject; considering more especially the treatment of these displacements by our remedial agents, giving in addition to the facts educed from his own experience those of most importance to be found in the Materia Medica.

Discussions were also had upon the subjects "Typhoid Fever, Cholera Infantum, Worms," &c.

Dr. Mahlon Preston reported a case of Syphilitic Ulceration of the Nose (tending to a destruction of the bones thereof) of five years standing in which the pain and inflammation were removed by *Cundurango*, it having received treatment for the above period. He reported this case (although not cured) in order that the attention of the profession may be directed to this remedy in the treatment of this disease, that if it should prove homœopathic to those affections the fact may be ascertained at the earliest possible period and thereby remove in part the difficulty we now experience in curing the more obstinate of this class of cases.

The Society meets as formerly four times a year.

The officers for the present year are as follows:

President,—Mahlon Preston, M. D.

Vice-President,—I. D. Johnson, M. D.

Secretary,—T. Pratt, M. D.

Treasurer,—R. C. Smedley, M. D.

Homœopathic Medical Society of the County of Philadelphia.

The Homœopathic Medical Society of the County of Philadelphia may be reported, in general terms, to be in a flourishing condition, and fulfilling the object for which it was instituted, viz., the advancement of medical science; although it has been noticed by those who constantly attend its meetings, that during the past year these have not been as interesting or valuable as during preceding years. This is undoubtedly due to a variety of causes, but is not irremediable; and it is trusted that hereafter the Society will attain to its fullest usefulness.

At the meeting of the State Medical Society held last year it was announced that the Philadelphia Medical Society mourned the loss of one of its oldest, ablest and best-beloved members—Dr. Walter Williamson. Again we have to announce that death has been busy with our membership, and has called from our midst an active and highly esteemed member, Dr. Silas Swift Brooks, who died July 3d, 1871, of pulmonary hemorrhage, aged 55 years. Dr. Brooks was one of those rare characters whose gentle nature and kindly manners endeared him to all who knew him. He graduated at the Jefferson Medical College, Philadelphia, in 1846, and, after practising Allopathy for ten years, investigated the claims of Homœopathy, adopted it, and continued in active practice until within a short time prior to his death. A special meeting of the Society was held to take action on his death, at which suitable resolutions, expressive of the feelings of the Society, were adopted. A committee, composed of Drs. O. B. Gause and Pemberton Dudley, were appointed to prepare a memorial of the deceased. Dr. Brooks was a member of the State Society, and the Necrologist of the Society will doubtless present to you the details of his life and work. It will be appropriate for the Society to take action on his decease.

At the meeting of the Society held October 12th, 1871, the Secretary read a Memorial of our late beloved fellow-member and President, Dr. Williamson, prepared by a committee appointed for the purpose, which was published in the *Hahneman-*

nian Monthly, and a copy of which, in pamphlet form, is herewith transmitted.

At the meeting held February 9th, 1871, action was taken in the matter of the removal of homœopathic physicians from the office of Examiners for Pensions, by the then Commissioner of Pensions, Dr. Van Aernam. Dr. W. M. Williamson offered the following preamble and resolutions, which were unanimously adopted:

"*Whereas*, Surgeons have been removed from the Board of Pension Examiners, on the sole ground of being homœopathic practitioners; therefore,

"*Resolved*, That as all Medical Colleges obtain their authority from the same source, viz., the Legislature of their respective States, the Homœopathic Medical Society of the County of Philadelphia protests against this outrage, and calls upon other County Homœopathic Medical Societies to co-operate with it in petitioning Congress to protect us in our rights.

"*Resolved*, That a copy of these resolutions be transmitted to the Homœopathic Medical Society of the State of New York, and to each member of Congress from the State of Pennsylvania."

These resolutions were transmitted as directed, and were published in the *Hahnemannian Monthly*.

Petitions were likewise prepared, under the direction of the Society, and signatures secured, praying Congress to establish a chair of Homœopathy in a proposed National University.

At the meeting held October 12th, 1871, the Secretary called the attention of the Society to the terrible and heart-rending calamity that had befallen the city of Chicago; whereupon resolutions of sympathy aud condolence with the sufferers by that great disaster, and particularly with the physicians and pharmaceutists of the homœopathic school who had suffered loss, were adopted, and a committee appointed to collect a special fund for the relief of our fellow-practitioners of that city who were in need of aid. Upon this action, there was collected and forwarded to the proper committee in Chicago the sum of $637.56.

The following papers on medical subjects have been read before the Society since February, 1871:

"Heart-clot as a cause of sudden death." By A. R. Thomas.

"Infantile Mortality; and the effects of age and temperature upon the death-rate from cholera infantum," with an illustrative diagram. By Pemberton Dudley.

"Provings of Natrum Sulphuricum." By E. A. Farrington.

"Reminiscences of the Cholera." By George H. Bute, of Nazareth, Pa.

"The Present Epidemic of Variola." By Pemberton Dudley.

"Homœopathy Misapplied." By Pemberton Dudley.

All of these papers were discussed by the Society, and the papers and discussions were published in the *Hahnemannian Monthly*.

At all regular meetings of the Society, the Scribe, Dr. Bushrod W. James, made a report of medical and surgical items of interest, and exhibited and explained the use of many valuable instruments and appliances.

Several pathological specimens were presented by members, and commented upon.

The following officers were elected at the annual meeting, held April 13th, 1871:

President—Jacob Jeanes, M. D.

Vice-President—O. B. Gause, M. D.

Treasurer—A. H. Ashton, M. D.

Secretary—Robert J. McClatchey, M. D.

Scribe—Bushrod W. James, M. D.

Censors—M. M. Walker, M. D., Silas S. Brooks, M. D. (since deceased), W. M. Williamson, M. D.

Committee on Provings—Henry N. Guernsey, M. D., Aug. Korndoerfer, M. D.

Committee on Prevailing Diseases—Pemberton Dudley, M. D., Thomas Moore, M. D.

At the meeting held January 11th, 1872, the following gentlemen were appointed to represent the Society as delegates to the Seventh Annual Session of the Homœopathic Medical Society of the State of Pennsylvania:—A. R. Thomas, H. N. Guernsey, P. Dudley, H. N. Martin, W. M. Williamson, S. R. Dubs, O. B. Gause, M. Macfarlan, C. H. Haeseler.

REPORTS FROM HOMŒOPATHIC MEDICAL JOURNALS.

American Journal of Homœopathic Materia Medica and Record of Medical Science.

A. R. Thomas, M. D., *General Editor.*

At the commencement of its fifth volume (Sept., 1871), this Journal increased its pages to forty-eight, and instituted several other important changes.

With the November number was commenced the publication of Prof. Guernsey's Materia Medica, being a condensation of his lectures on the subject, given in the Hahnemann Medical College of Philadelphia. This is added as a supplement to the Journal, and paged separately that it may be removed and bound by itself, thus making a complete work on this subject, and which gives the natural history of each remedy, and contains only such characteristic or "key-note" symptoms as have been repeatedly verified by Dr. G. and others.

The different departments of the Journal are under the editorial care of the several professors of the Hahnemann Medical College.

The Hahnemannian Monthly.

R. J. McClatchey, M. D., *Editor.* A. J. Tafel, *Publisher.*

The seventh volume of the *Hahnemannian Monthly* commenced with the August number. Fifty-six pages are issued monthly, or six hundred and seventy-two pages per annum. It is an independent journal, entirely under the control of the editor.

The publication of Dr. C. Hering's Materia Medica (formerly published with the *A. J. H. M. M.*) and which had been suspended for some time, was resumed in connection with the *Hahnemannian Monthly*, eight pages of the work being issued with each monthly part.

This Journal was constituted the organ of the Pennsylvania State Medical Society by an unanimous vote.

REPORTS FROM HOMŒOPATHIC HOSPITALS AND DISPENSARIES.

HOMŒOPATHIC MEDICAL AND SURGICAL HOSPITAL AND DISPENSARY OF PITTSBURG.

President,—Major William Frew.

Secretary,—J. H. McClelland, M. D.

Treasurer,—Geo. W. Backofen.

Medical Staff—H. Hofmann, M. D., J. S. Rankin, M. D., C. P. Seip, M. D., W. F. Edmundson, M. D.

Surgical Staff,—J. C. Burgher, M. D., L. H. Willard, M. D., J. H. McClelland, M. D.

Dispensary Physicians and Surgeons,—J. H. McClelland, M.D., C. P. Seip, M. D., W. F. Edmundson, M. D.

Assistants,—R. E. Caruthers, J. H. Buffum, I. B. Chantler, C. C. Rinehart.

Matron,—Mrs. Sarah W. Taylor.

The number of patients treated within the Hospital during the year, was *three hundred and nineteen*. Nearly 4,800 free prescriptions were issued from the Dispensary Department to patients outside the Hospital—showing an increase of fifteen patients in the Hospital and more than two hundred prescriptions to out patients over last year.

Notwithstanding the enormous drain upon the pockets of the benevolent, to relieve the sufferings occasioned by the great fires in the *northwest*, as well as for the relief of the terrible distress incident to the Franco-Prussian war, ample provisions were made. for the care of the sick, injured and destitute at home. So far as this Hospital is concerned, every material want has been promptly supplied, and the current expenses of the year, amounting to *seven thousand three hundred and sixty-four dollars*, have been met. By the liberal and timely contributions of a few individuals, (whose names are withheld by request,) the Executive Committee, in addition to defraying the current expenses of the year, was furnished with means to pay a *floating debt* of nearly

five thousand dollars, which had burdened the Institution for years; and now, for the first time since its organization, the Hospital is free from all pecuniary liabilities, (except $10,000 on real estate,) with a balance in its treasury of $157.93.

Application was made to the State Legislature, at its last session, for an appropriation of $10,000, to liquidate the remaining debt on the real estate of the Corporation. The General Assembly appropriated $5,000 for the specific object asked.

Statistics of the Hospital and Dispensary.

Of the medical cases treated in the Hospital fifteen died, and of the surgical five—making a mortality of twenty, or 6¼ per cent.

An analysis of this list makes the following facts apparent, viz: Five of the deaths were from consumption, one from organic disease (hypertrophy) of the heart, one was from paralysis, one was from internal injuries, one was an unknown man brought in by the police in a dying condition, one was from lock-jaw fully developed when the patient was admitted, one was a man frightfully burned, and one was a case of strangulated hernia, in which mortification had already taken place prior to admission.

Taking these twelve necessarily fatal cases from the whole number, and we have but eight remaining, which belong to what are considered, under favorable circumstances, curable diseases.

ABSTRACT OF CASES TREATED.*

During the Year Ending April 1, 1872.

SURGICAL CASES.	Discharged Cured.	Discharged Improving.	Removed by Friends, &c.	Died.	Remaining.	Total Treated.
Abscess,	3	..	..	..	1	4
Amputation, Hand,	1	..	..	..	..	1
" Leg,	1	..	..	..	..	1
" Foot,	1	..	..	..	1	2
Bubonitis,	1	..	..	..	1	2
Burns, various parts,	3	..	..	1	..	4
Caries,	1	..	..	..	..	1
Concussion,	..	..	1	..	..	1
Dislocation, Shoulder,	1	..	..	..	..	1
Eczema,	3	..	..	..	..	3
Erysipelas,	4	..	..	..	..	4
Fracture, Arm,	2	1	1	..	1	5
" Elbow,	1	..	..	..	..	1
" Clavicle,	1	..	..	..	..	1
" Thigh,	1	..	..	..	..	1
" Leg,	4	..	1	..	1	6
" Foot,	1	..	..	..	..	1
Fungoid Testicle, excised,	1	..	..	..	..	1
Hæmorrhoids,	2	..	..	..	..	2
Hernia, Strangulated,	..	..	..	1	..	1
Injuries, Head, &c.,	..	..	..	1	..	1
" Face,	..	..	1	..	..	1
" Arm and Hand,	3	..	..	..	..	3
" Elbow,	1	..	..	..	..	1
" Back,	2	..	..	..	..	2
" Knee,	1	..	..	..	..	1
" Leg,	3	..	..	..	..	3
" Side,	1	..	..	..	..	1
" Internal,	2	..	..	1	..	3
Ophthalmia,	5	..	..	..	..	5
Orchitis,	2	..	..	..	..	2
Scalds,	..	..	..	..	1	1
Sprains,	3	..	..	..	..	3
Syphilis,	1	2	..	..	..	3
Tetanus, fully developed when admitted,	..	..	..	1	..	1
Tumor,	..	1	..	..	..	1
Ulcers, chronic and varicose,	7	1	..	..	..	8
Wounds, Gunshot,	1	..	..	..	..	1
" Incised,	2	..	..	..	..	2
" Lacerated,	1	..	..	..	..	1
Total,	67	5	4	5	6	87

* From the Annual Report to the Board of Trustees.

ABSTRACT OF CASES.—*Continued.*

MEDICAL CASES.	Discharged Cured.	Discharged Improving.	Removed by Friends, &c.	Died.	Remaining.	Total Treated.
Angina Pectoris,	1	..	..	..	..	1
Asthma	..	1	..	..		1
Bronchitis,	7	4	1		2	14
Cystitis,	2	..	1	..	..	3
Debility,	1	..	..	..	..	1
Delirium Tremens,	2	1	..	..	..	3
Diarrhœa,	6	..	..	..	2	8
Diphtheria,	1	..	..	..	1	2
Dysentery,	6	..	..	..	..	6
Epilepsy,	1	1	..	..	..	2
Fever, Gastric,	3	2	3	..	1	9
" Intermittent,	32	4	..	..	1	37
" Irritative,	..	2	1	..	..	3
" Remittent,	6	..	1	..	..	7
" Typhoid,	23	1	..	4	1	29
" Typhus,	1	..	..	..	..	1
Gastro-Enteritis,	1	1	..	1	..	3
Heart, Hypertrophy of	..	..	..	1	..	1
Hydrothorax,	..	1	..	..	..	1
Hysteria,	3	2	..	..	..	5
Insanity,	2	2	..	..	..	4
Neuralgia,	1	..	..	..	1	2
Paralysis,	..	1	..	1	1	3
Phthisis Pulmonalis,	..	..	..	5	..	5
Pleuritis,	4	1	..	..	..	5
Pneumonia,	4	..	..	1	1	6
" Pleuro	1	..	..	..	..	1
" Typhoid	..	..	..	2	..	2
Poisoning, Lead, &c.,	2	..	..	..	..	2
Rheumatism,	17	1	..	..	2	20
Sciatica,	..	1	..	..	..	1
Softening of Brain,	..	..	1	..	..	1
Spinal Irritation,	1	..	..	..	..	1
Tonsilitis,	1	..	..	..	1	2
Uterine Diseases,	8	4	..	..	1	13
Various Diseases,	3	1	1	..	..	5
Totals, Medical Cases,	140	31	9	15	15	210
" Surgical "	67	5	4	5	6	87
" Lying-in "	9	..	1	..	2	12
Births—10, of these,	10	..	..	..	..	10
Grand Totals,	226	36	14	20	23	319

Third Annual Report of the Homœopathic Dispensary of Germantown, Phila.

FORM OF DISEASES.	Recovered.	Improved.	Result Unknown.	Total.
Abscess,	..	..	2	3
Asthma,	..	1	..	1
Bronchitis,	11	3	2	16
Burns and Contusions,	6	..	..	6
Carbuncle,	1	..	..	1
Cholera Infantum,	27	..	..	27
" Morbus,	18	..	..	18
Croup,	4	..	..	4
Diphtheria,	7	..	..	7
Diarrhœa,	21	..	..	21
Dysentery,	7	..	..	7
Dyspepsia,	16	3	3	22
Diseases of Eye,	12	2	2	16
" Ear,	7	2	1	10
" Throat,	15	2	..	17
" Hip Joint,	..	1	1	1
" Liver and Kidneys,	35	..	1	36
" Stomach & Bowels,	8	1	..	9
" Women,	18	2	..	20
" Skin,	26	..	..	26
Epilepsy,	1	1	..	2
Erysipelas,	3	..	..	3
Fever, Simple,	7	..	..	7
" Gastric,	3	..	..	3
" Intermittent,	5	1	..	6
" Scarlet,	4	..	..	4
" Typhoid,	2	..	..	3
Heart Affections,	..	3	..	3
Ingrowing Toe Nail,	2	..	..	2
Influenza,	3	..	..	3
Jaundice,	2	..	..	2
Measles,	35	..	..	35
Mumps,	2	..	..	2
Midwifery,	12	..	..	12
Neuralgia,	13	2	1	16
Nervous Affections,	4	1	..	5
Ozæna,	1	6	..	7
Paralysis,	2	2	1	5
Phthisis Pulmonalis,	..	2	..	3
Poisoning,	1	..	..	1
Pleurisy and Pneumonia,	6	..	..	6
Rheumatism,	6	3	2	11
Small Pox,	7	..	..	8
Worms,	63	..	..	63
Vaccinations,	167	..	..	167
Total,	590	37	16	646

Summary.

DIED.—Debility, one. Disease of Spleen, one. Typhoid Fever, one. Phthisis Pulmonalis, one. Small Pox, one. Total, five.

Percentage of cases cured, 91.7.

Number of Cases Treated.		Visits Made.	Prescriptions furnished.
First two years,	757	1030	2366
Third year,	646	1052	2282
Total three years,	1403	2082	4648

This institution was established July 20th, 1869, through the efforts of the attending physician.

Three thousand circulars were distributed among the poor, who, in appreciation of the opportunities offered, soon flocked thither for medical attendance.

The expenses of the institution have been paid by liberal subscriptions from a few patrons of Homœopathy. The services of the attending physician have been gratuitous, and owing to the arduous duties of a large private practice, with the enjoyment of but a moderate degree of health, the Dispensary after a successful existence of three years, has been nominally closed, the patients being referred to his office, where the worthy poor will continue to be prescribed for and visited, when necessary, free of charge.

M. M. WALKER,
Delegate.

REPORTS OF COMMITTEES.

Report of the Committee of Publication.

The Committee of Publication would respectfully report, that they have fulfilled the duties of their appointment, and issued the Proceedings of the meetings held at Erie June 3d and 4th, 1870, and at Harrisburg February 1st and 2d, 1871, with the reports and papers read thereat, in a quarto volume of 268 pp., which has been sent to all regular and honorary members of the Society, to the editors of all American and foreign journals, and to such other persons as were entitled to receive copies of the same. They have also issued 1000 extra copies of the Annual Address delivered at the Sixth Annual Session of the Society, and forwarded the same, pro rata, to those entitled to receive them.

The delay in issuing these publications, which may seem inordinate to some members of the Society, was occasioned in part by the pressure of multifarious duties devolving on the committee of publication, but also in a great part by the necessity, owing to the condition of the Society's funds, of having the work done in a small office, on account of cheapness, and the natural slowness incident thereto.

All of which is respectfully submitted.

Rob't J. McClatchey,
Bushrod W. James,
Committee of Publication.

Report of the Sub-Committee on Levee in honor of the American Institute of Homœopathy.

At a meeting of the Homœopathic Medical Society of Pennsylvania, held at Harrisburg, February 1st and 2d, 1871, it was unanimously resolved, that the members residing outside of Philadelphia county contribute the sum of $1000 to defray the expenses of a State Levee, to be given to the members of the American Institute of Homœopathy, at its regular meeting in Philadelphia, in June, 1871. On the evening of February 1st, after

the delivery of the Annual Address, a meeting was held, at which the following named parties pledged themselves to raise the sum of $1155:

The delegate of Allegheny county,	$400
Charles A. Stevens,	50
Charles H. Haeseler,	50
Robert Faulkner,	50
W. H. Cook,	100
M. Friese,	100
J. B. Wood and M. Preston,	130
Smith Armor,	75
W. C. Doane, for Lycoming and Centre co.,	200
	$1155

Upon the 3d of March, 1871, the following appointment was received:

PHILADELPHIA, February 28th, 1871.

At a meeting (held this day) of the Executive Committee of the Committee of Arrangements for the meeting of the American Institute of Homœopathy in Philadelphia, in June next, the members of the Committee of Arrangements residing in Allegheny county were unanimously authorized and empowered to solicit and collect subscriptions to a fund to be created for the purpose of holding a Grand Levee by the Homœopathic Medical Society of Pennsylvania, in honor of the American Institute of Homœopathy; and to pay all moneys so collected to the General Treasurer of the Committee of Arrangements, Dr. Bushrod W. James, of Philadelphia, on or before April 1st, 1871.

Attest, ROBERT J. MCCLATCHEY,
Sec. of Com. of Ar. and of Ex. Com.

By this authority and acting under these instructions, the following circular letter was issued:

————, M. D.

Dear Doctor:—At a meeting of the Homœopathic Medical Society of Pennsylvania, at Harrisburg, February 1st and 2d, 1871, it was unanimously resolved, that the members of the State Society residing outside of Philadelphia county contribute the

sum of one thousand dollars ($1000), to defray the expenses of a State Levee, to be given to the members of the American Institute of Homœopathy, at its Annual Meeting in Philadelphia, in June next. Complimentary Tickets of Invitation to the Levee will be furnished to each Physician for distribution among his patrons and friends, in proportion to his contribution, viz: one ticket for every dollar paid in.

As it is important that the money contributed to this fund be paid by the 1st of April next, you will see the necessity of your prompt response. The members of the Committee of Arrangements are anxious to so far perfect the preliminaries at an early day, as to make the "Grand Levee" a success. The members of the Executive Committee, who have the details in charge, have determined to incur no expense which the Treasurer has not means in hand to defray.

M. Coté, M. D.,
H. H. Hofmann, M. D.,
J. F. Cooper, M. D.,
J. H. McClelland, M. D.,
Wm. R. Childs, M. D.,
J. C. Burgher, M. D.,
Sub-Committee.

☞ N. B.—Drs. W. C. Doane, Charles A. Stevens, Charles H. Haeseler, W. H. Cook, M. Friese, Robert Faulkner, S. Armor, J. B. Wood, M. Preston, and H. M. Logee are designated to collect moneys in their respective districts.

N. B.—All contributions are to be sent to J. C. Burgher, M. D., No. 332 Penn Avenue, Pittsburgh, Pa., who is authorized to *receipt* for the same, and return *one* "Complimentary Ticket" for each dollar received.

By order of the Sub-Committee of Arrangements, residing in Allegheny county.

Wm. R. Childs, M. D.,
Secretary of Sub-Committee.

A number of these circulars were sent to each of the parties pledged, with the following result: Outside of Allegheny county, the Treasurer of Sub-Committee, J. C. Burgher, M. D., received the sum of $515.

A promptness in responding was observed by all who had pledged themselves, with the exception of the member who had pledged for Lycoming and Centre counties, and who is yet to be heard from.

Allegheny county, by increasing her contribution from $400 to $538, enabled the Executive Committee to complete their arrangements for the Grand State Levee.

All printing, stationery and postage stamps were paid for by the Allegheny County Homœopathic Medical Society.

WM. R. CHILDS,
Secretary Sub-Committee.

REPORT OF THE COMMITTEE ON CHARTER.

The Committee on Charter beg leave to report as follows:

First. They have prepared an Act to incorporate The Homœopathic Medical Society of the State of Pennsylvania, which, if it shall receive the endorsement of the Society, they propose to have submitted to the State Legislature for its action; and

Second. They have prepared a petition to the Senate and House of Representatives, praying those bodies to give favorable consideration to and enact the aforesaid Act of incorporation, and at the same time to enact a law, to be operative throughout the State, of a tenor similar to that of an act entitled "An Act to regulate medical practice in the counties of York, Crawford, Venango, Warren, Adams, Bucks, Northampton, Lehigh, Perry and Juniata." This petition, if it receive the approval of the Society, will be signed by the members present at this session, and submitted to the Assembly, together with the proposed Act of incorporation.

The documents referred to are as follows:

AN ACT TO INCORPORATE THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Section 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same, that James F. Cooper, Henry N. Guernsey, Marcellin

Coté, J. H. Marsden, Bushrod W. James, John C. Burgher, Walter M. Williamson, William James Blakely, Robert J. McClatchey, S. F. Charlton, John K. Lee, James H. McClelland, Charles A. Stevens, James H. P. Frost, Michael Friese, Henry Detwiler, Jacob Jeanes, James B. Wood, Coates Preston, Chas. G. Raue, R. Ross Roberts, Benjamin Bowman, William R. Childs, William H. Cook, Owen B. Gause, H. H. Hofmann, Isaac D. Johnson, Adolph Lippe, Horace M. Logee, Thomas Moore, John R. Reading, Abel R. Thomas and Lewis H. Willard, with their associates and successors, are hereby created a body politic and corporate in law and in fact, by the name and style of The Homœopathic Medical Society of the State of Pennsylvania, and by that name and style shall have perpetual succession, with power to sue and be sued, plead and be impleaded, to acquire, by gift, deed, devise, or bequest, real or personal property within the State of Pennsylvania, not exceeding in amount the sum of fifty thousand dollars, and to hold and convey the same in all lawful ways; to have and use a common seal, and to alter and change the same at pleasure; to make such by-laws as are not inconsistent with the Constitution and laws of the United States, or of the State of Pennsylvania, or of this charter, which they may deem necessary for the government of said Society; and to confer upon such persons as may be considered worthy, membership therein.

Section 2. The object of this Society shall be, the advancement of the science and art of medicine and surgery, and the protection of its members.

Section 3. Any person who is a graduate of a medical college authorized by law to confer the degree of doctor of medicine, may be proposed as a candidate for membership in said Society, by satisfying a board of censors, to be appointed by said corporation, of his or her good moral character and attainments in the theory and practice of medicine and surgery, and may be elected a member in accordance with its by-laws.

Section 4. The members of this Society shall be entitled to all the rights and privileges that any duly licensed physician or surgeon now has, or may hereafter have, under any law of this Commonwealth.

Section 5. The members of this Society shall not be liable to be mustered or enrolled in the militia of this Commonwealth.

Section 6. This Society shall have full power to organize and establish county and district medical societies, and to regulate the same.

Section 7. Any Acts or parts of Acts inconsistent with this Act are hereby repealed.

Section 8. This Act shall take effect from and after its passage.

AN ACT TO REGULATE MEDICAL PRACTICE IN THE COUNTIES OF YORK, CRAWFORD, VENANGO, WARREN, ADAMS, BUCKS, NORTHAMPTON, LEHIGH, PERRY AND JUNIATA.

Section 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same, That from and after the first day of June, Anno Domini one thousand eight hundred and sixty-nine, it shall be unlawful for any person to commence or continue the practice of medicine or surgery in the counties of York, Crawford, Venango, Warren, Adams, Bucks, Northampton, Lehigh, Perry and Juniata, who has not graduated with the Degree of Doctor of Medicine and received a diploma from a chartered medical college or other institution authorized to grant diplomas; *Provided*, That the provisions of this section shall not apply to persons who have been eight years in continuous regular practice, though they may not have graduated as aforesaid; and further, this section not to apply to medical students practising with their preceptors.

Section 2. Any person who shall practice or attempt to practice medicine or surgery, or shall prescribe for any sick person, or perform any surgical operation, for fee or reward, in violation of section one of this Act, shall be deemed guilty of a misdemeanor, and upon conviction in any court of competent jurisdiction shall be fined in any sum not less than one hundred dollars nor more than five hundred dollars, at the discretion of the court, one-half of said fine to be for the use of the informer, and one-half for the county in which such fine shall be imposed.

Section 3. Any person who shall attempt to practice medicine or surgery by opening a transient office in any of the aforesaid

counties, or who shall, by handbill or other form of written or printed advertisement, assign such transient office or other place to meet persons seeking medical or surgical advice or prescription, shall, before being allowed to practice as aforesaid, appear before the clerk of the courts of the proper county, and shall furnish satisfactory evidence to such clerk of the courts that the provisions of section one of this Act have been complied with, and shall, in addition, take out a license for one year, by payment of a license fee, for the use of the proper county, of two hundred dollars; *Provided*, That the provisions of this Act shall not apply to druggists or dentists. *And provided further*, That physicians commencing practice in any of the counties aforesaid with the intention of residing permanently therein, shall not be subject to the provisions of section three of this Act.

A PETITION TO THE GENERAL ASSEMBLY OF THE STATE OF PENNSYLVANIA.

To the Honorable the Senate and House of Representatives of the State of Pennsylvania:

The undersigned, on behalf of the Homœopathic Medical Society of the State of Pennsylvania, now convened in its seventh annual session, in the city of Harrisburg, hereby respectfully petition your honorable bodies for a favorable consideration of the Act entitled "An Act to incorporate the Homœopathic Medical Society of the State of Pennsylvania," and respectfully represent that, in their opinion, the passage of said Act would conduce greatly to the advancement of medical science, and to the benefit in general of the citizens of this Commonwealth.

The undersigned, on behalf of said Society, further petition your honorable bodies to enact a law, to be operative throughout the State of Pennsylvania, of a tenor similar to that of an Act entitled "An Act to regulate medical practice in the counties of York, Crawford, Venango, Warren, Adams, Bucks, Northampton, Lehigh, Perry, and Juniata."

And your petitioners will ever pray.

The above report and papers having been submitted for the consideration of the Society, and having been discussed, Dr. H. N. Martin, of Philadelphia, offered as a substitute for the

of incorporation prepared by the Committee on Charter, a bill then pending in the Legislature of the State of New York, entitled "*An Act to protect the People against Quackery and Crime.*" After further discussion, a committee, consisting of Drs. James H. McClelland, H. N. Martin and Pemberton Dudley, was appointed to confer with the committee on charter, and report the result of their joint deliberations to the Society.

The joint committee met, in accordance with the instructions of the Society, and having freely canvassed the subject, agreed to submit the following report:

The Committee on Charter and the Committee of Conference respectfully report, that they met last evening, after the ad-adjournment of the Society, and after having thoroughly discussed the subject committed to them, unanimously agreed to report to the Society the bill now before the Legislature of the State of New York, with certain emendations and erasures, with the request that the Society endorse the bill, and instruct the Committee on Charter to have it properly engrossed and transmitted to the State Legislature, and to prepare a petition to the Legislature, to accompany the bill, praying the Legislature to enact it.

The bill reported by the joint committee is as follows:

An Act to Protect the People Against Quackery and Crime.

Whereas, It is generally conceded that voluntary associations of medical men, especially if organized under State laws, have hitherto exerted a very marked influence in the elevation both of the professional and moral standard of their members, for the public good;

And *Whereas*, Duly authorized and chartered medical colleges and universities in this country, and in other countries, provide ample and available means for the proper and the essential education of those who undertake to treat the diseases and the injuries of the people, thus rendering the illegitimate and fraudulent use of their privileges and their diplomas both inexcusable and criminal;

And *Whereas*, Existing laws do not confer power and autho-

rity upon volunteer medical societies which will enable them to efficiently guard the public against ignorant and criminal practitioners of medicine, surgery, or midwifery, who are mostly without the diplomas of any medical college or university, or are in fraudulent possession of the same; therefore, *for the public protection, be it enacted*:

SECTION 1. That the existing County Medical Societies of the various counties of this State, and all such county medical societies as may hereafter be organized and incorporated, shall continue, and shall be bodies corporate and politic, in fact and in name, by the name recorded in their respective articles of association, and by that name shall be known in law and in all courts and places, and in all matters and causes whatsoever, and shall and may have their respective seals, and may alter and renew the same at their pleasure, and that the president, vice-president, secretary and treasurer of such incorporated societies shall hold their offices for one year, and until others shall be chosen in their places.

SECTION 2. *And be it further enacted*, That the existing organized State medical societies of the State of Pennsylvania shall continue to be bodies politic and corporate, in fact and in name, and by the name recorded in their respective articles of association shall be known in law and in all courts and places, and in all matters and causes whatsoever, and shall and may have and use their respective seals, and may change and alter the same at their pleasure; and that the said State societies shall be composed of delegates elected by ballot from each of the aforesaid county medical societies of the State, the number from each such county medical society to equal the number of members of Assembly from such county.

Also of delegates from the chartered medical colleges of the State, the number from each of such institutions to be determined by the respective State societies; and all of such delegates, when met at the time and place appointed by the respective societies for that purpose, and being met, not less than fifteen in numbar, may annually elect by ballot a president, vice-president, secretary and treasurer, who shall hold their offices for one year, and until others be chosen to take their places. Said State soci-

eties may annually elect from those who have served as delegates, and have been nominated and declared eligible at a previous annual meeting, two permanent members from each of the senatorial districts, but no delegate shall be elected a permanent member until the last year of his term, unless he shall have previously resigned his place as delegate. They may also, at the annual meeting, elect eminent physicians from other States, or from foreign countries, as honorary members. They must have been nominated at a previous annual meeting, and those elected shall not exceed six in number in any year.

Permanent members shall have the same privileges as delegates.

Honorary members shall have the privilege of a seat at the meetings, and of taking part in discussions, but they shall not vote on any question, nor be eligible to any office; and said State societies shall annually elect one censor from each senatorial district of the State, any three of whom shall constitute a quorum, and they shall be styled State Censors of the respective state medical societies which elect them.

It is hereby made the duty of the secretary of each of the county medical societies to lodge in the office of the clerk of their respective counties a copy of all the proceedings had at their first meeting; and it shall also be the duty of the secretaries of the Medical Societies of the State of Pennsylvania, in like manner, to lodge in the office of the Secretary of this State a copy of their proceedings had at their first general meeting; but should this be impracticable in either case, then a copy of all the proceedings had at the first meeting after the passage of this Act; and said clerks and said secretary are hereby required to preserve a record of the same in their respective offices, for which they may charge fifty cents.

And furthermore, the secretary and the treasurer of each of the aforesaid societies shall perform such other duties as may be ordered by the respective societies from time to time, and shall receive such remuneration for their services as the said respective societies may determine. Such societies may determine and annually collect such assessments from their members as the management of said society may require.

SECTION 3. *And be it further enacted*, That the several county medical societies of this State shall, at their next annual meeting, elect by ballot five competent members, from each of such societies, for censors, whose duty it shall be to secure the faithful execution of the provisions of this Act in their respective counties. The term of office of the aforesaid censors shall be respectively *one, two, three, four* and *five* years, decided by lot immediately after their election; and the vacancy occurring each subsequent year shall be filled at the annual elections, by electing one censor whose term of office shall be five years. The censors now in office in the various county societies of the State shall continue in office till the next annual election, and shall discharge the duties prescribed by this Act till their successors in office be elected; and vacancies occurring in said body of censors by removal, resignation, or death, may be filled at any stated meeting by an election, as at the annual meeting, the person thus elected filling the vacancy during the unexpired term.

SECTION 4. *And be it further enacted*, That it shall be the duty of the aforesaid censors, and they are hereby empowered, at their discretion, to summon before them, and to examine, relative to professional qualifications, any person or persons resident in their respective counties, who, by sign or advertisement, or by any means whatever, offer their services to the public as practitioners of either medicine, surgery, or midwifery, or who, by such signs or advertisement, simply style themselves Doctor; and if such examination satisfy said censors that the person examined is qualified to practice, said censors may issue a certificate to such person expressive of the branches of the medical art they find said person qualified to practice, and such certificate shall be lawful authority throughout this State to practice in all the branches of medicine therein mentioned; and any such certificate, permitting to practice medicine or surgery, shall be accepted by the various county medical societies as sufficient evidence of professional qualification for membership in them. Said censors may also revoke any certificate so granted if, in their judgment, the person holding it has, by crime or misdsmeanor, forfeited all right to the public confidence; and the aforesaid censors shall keep a book or register, in which they shall enter the names,

place of business, name of the college, or other source of the diploma or license, of all to whom they issue the aforesaid certificates.

SECTION 5. *And be it further enacted*, That every practitioner of medicine, surgery, or midwifery, in the State, shall be required, and they are hereby commanded, to obtain the aforesaid certificate from the censors of some county or State medical society of this State, which certificate shall set forth that said censors have found the person to whom it was issued qualified to practice all of the branches of the medical art mentioned in it; and said certificate must be recorded in a book provided and kept for the purpose by the county clerk of each county in the State. Said book so provided and kept in the county clerk's office shall bear the title and inscription, and shall be called the Medical Register of the respective county in which it is kept; and it shall provide for the name, in full, of the person whose certificate is therein recorded, date and place of its issue, branches of the medical art it permits to practice, names of the censors who have signed it, and a place for such additional remarks as may be of public interest; and for making such record the county clerk may collect twenty-five cents. The aforesaid Medical Register shall be always accessible for reference, to all registered physicians, surgeons and midwives of this State; and any person who shall practice medicine, surgery or midwifery in the State, whose certificate from the censors of some county medical society of the State is not found recorded in the aforesaid Medical Register of the county wherein such person is actually practicing, may be proceeded against for violation of the provisions of this Act.

SECTION 6. *And be it further enacted*, That in exercise of the discretionary power permitted by the fourth section of this Act, the said censors may register the names of, and issue certificates to, all physicians or surgeons, admitted to membership in their respective county medical societies, without examination.

And also to all such persons as may furnish evidence, by diploma, from some medical college or university, or by certificate from a county medical society of the State, which shall

satisfy said censors that the person so presenting credentials is properly and adequately educated to practice the branches to which such person pretends, and the certificate so issued by the censors of any county medical society of this State shall, unless it have been previously revoked by such society, be valid, for all purposes of this Act, in every county of this State; and for neglect or failure to record the same in the aforesaid County Medical Register of the county in which the person holding it is actually practicing, the person so neglecting, thirty days after due notification, shall be liable to a fine of $25, which the president of any county medical society may sue for, and collect, and such fine, when collected, shall be placed in the hands of the treasurer of such society as part of its funds.

SECTION 7. *And be it further enacted*, That in the case of any county of the State not having a county medical society organized under the State law, it shall be lawful, and is hereby declared to be the duty of the censors of the county medical society nearest adjoining, to see that the provisions of this Act be enforced in the county so without a medical society, till such county, by the organization of a medical society, shall qualify itself for the discharge of the duties herein imposed.

SECTION 8. *And be it further enacted*, That the censors of each county medical society aforesaid shall notify the resident practitioners of medicine, surgery and midwifery in their respective counties, of the terms and requirements of this Act, and shall request such persons, so notified, to comply with those requirements within thirty days after such notification; and if such person shall not, within the time specified in the notice, or within such further time as may be allowed by special arrangement with said censors, not exceeding ninety days, comply with the requirements herein made of physicians, surgeons or midwives, as the case may be, such person shall thereafter be subject to all the provisions and penalties prescribed by this Act for any violation of the same, and the president of any of the aforesaid county medical societies may, and they are hereby required to at once commence the proceedings authorized by this Act against such person.

SECTION 9. *And be it further enacted*, That it is hereby declared a misdemeanor for any person to practice medicine, surgery and midwifery in this State, unless authorized so to do by a license or diploma as herein described, which shall be approved by the aforesaid censors; and who shall not have a certificate from said censors, either expressive of such approval, or of the qualification of such person to practice all the branches named in such certificate, ascertained by an examination either by the censors of the State or county society as herein specified; and any person found guilty of such misdemeanor shall be punished by imprisonment not less than one month, nor more than one year, or by a fine of five hundred dollars, at the discretion of the court before whom such person may be convicted; and all such fines, when collected, shall go into the treasury of the county medical society bringing the action.

SECTION 10. *And be it further enacted*, That the aforesaid medical societies shall have exclusive control of the requirements for membership in their respective organizations; shall have power to adopt such rules, regulations and by-laws for the government of the societies, for the management of their affairs, for the admission, for the discipline, and for the expulsion of members, as a majority of their respective members, at a stated or at an annual meeting may determine; but any member of a county medical society, or any applicant for membership thereto, or any person feeling aggrieved by any action taken by such society, shall have the right to appeal to the State medical society receiving delegates from the county society so aggrieving; but such appeal shall not relieve any such person from the liabilities imposed by this Act, till the censors of such State society decide the question at issue in favor of the appellant.

SECTION 11. *And be it further enacted*, That all necessary expense incurred in the execution of this Act shall be paid by the treasurer of the respective county medical societies contracting such expense, except in cases where such expense may be for service in a county having no such medical society, in which case the county treasurer of the county without such medical society shall pay all necessary expense.

SECTION 12. *And be it furthe enacted*, That all Acts or parts of Acts inconsistent with this Act are hereby repealed.

SECTION 13. This Act shall take effect immediately.

R. J. McCLATCHEY, *Chairman.*
J. C. BURGHER,
B. W. JAMES,
R. ROSS ROBERTS,
JNO. K. LEE,
Committee on Charter.

ANNUAL ADDRESS.

THE SCIENTIFIC DEVELOPMENT OF MEDICINE.

BY W. JAMES BLAKELY, M. D., ERIE.

LADIES AND GENTLEMEN:

AT the annual meeting of our Society in your city last winter, the partiality of my fellow-members decreed that I should, at this meeting, fulfill the time honored custom of delivering the public address. In the annual appointment of one of our body to appear before a popular audience and discourse upon subjects medical, we differ somewhat from the customs of the societies of the allopathic branch of the profession, who, either considering that the public need no enlightenment upon medical subjects, or having nothing to say, or not desiring to tell that which might be told, confine their orator to some strictly scientific subject to be delivered only before the members of the scientific body which appointed him. We, having nothing to conceal, but everything to unfold, not desiring "to hide our light under a bushel, but that it may shine before all men," gladly seek the public ear, and having obtained it, freely explain our doctrines and our practices, confident that our system needs only investigation to secure belief, and our practice only a fair trial to obtain not alone admiration but adoption. And we secure this belief and this

NOTE.—The Annual Address was read by Dr. Thomas Moore, Alternate Orator. Previous to the reading, Dr. Moore said:

LADIES AND GENTLEMEN:

I appear before you to-night in the unenviable position of a substitute and an apologist. The orator of the Society, my esteemed friend, Dr. Blakely, of Erie, has been most unwillingly detained at home by sudden and serious illness in his family. By a vote of the Society I was instructed to read the address which he had carefully prepared and has forwarded.

I shall now proceed to read the "Annual Address," craving your indulgence on my own behalf, and asking your kind attention to the production of our absent friend.

admiration and this adoption by no vain sophisms, we win this confidence by no finely spun theories upon the causes of disease and the action of medicines, but by plain and simple facts which even to the unlettered are so apparent that they are not denied, but which to the intelligent and the educated are constant sources of admiration and gratitude. Seeking, then, investigation into our doctrines and practice, we desire to disseminate, by every means in our power, the knowledge of one system of cure, and the present is one opportunity of which we avail ourselves to enlighten as well those who have witnessed the practical exemplification of our doctrines as those to whom the subject is still new. And this is also the more necessary since our doctrines and practice are radically different, in every particular, from any which have heretofore prevailed, and because we have nothing in common, in so far as concerns the practice of medicine proper, with any school or system of medicine which exists or ever has existed. These peculiarities, therefore, we desire to submit to an intelligent public for consideration and examination. We claim to practice under a higher law in medicine, and yet one that is not new, but which was for ages concealed under the theories and sophisms which prevailed during two thousand years, until rescued by Hahnemann, and proclaimed and maintained by him with such vigor as to command investigation, and, from many members of the profession, belief; notwithstanding an opposition unparalled in the history of science. The addresses which are annually delivered under the auspices of the various societies of our school, embrace a wide variety of subjects, each speaker choosing that which seems to him best calculated to convey to his audience the truths he desires to impart. For your entertainment this evening, and I trust for your enlightenment, I have chosen to speak to you upon "The Scientific Development of Medicine," and I shall endeavor to show you wherein and why this has hitherto been retarded, and the means through which alone it can be effected.

To thoroughly consider this subjcct we should go back into the dim and misty past of almost forgotten ages, to the time when five hundred years before Christ, Pythagoras and his school of philosophers and naturalists wrested medicine from the

hands of the Pagan priests by whom it had hitherto been monopolized, and who had shrouded it in the mysteries and mysticisms of their religious rites. We should then follow downward through the different ages, carefully noting its history, its changes and alterations, its theories and its discoveries and improvements. But unfortunately the history of medicine during this long series of ages, presents more of change than improvement, more of alteration than of discovery, and I would but weary you in tracing for you the ever varying theories which were successively proclaimed and adopted, for however contradictory and absurd they might be, they nevertheless found numerous adherents and ardent defenders.

But the medicine of the eighteenth century possessed all that was valuable in the ages which preceded it, and a consideration of its condition at that time will give us all the knowledge which could be gained by a more extended survey. The study of the anatomy of the human body had long been prosecuted in the only way in which a knowledge of it can be obtained; physiology or the science of life, was probably as far in advance as were any of the kindred branches of learning, and chemistry, divested of alchemystic traditions and practices, was rapidly assuming a position as an exact science. Surgery, wrested from the hands of barbers, to whom it had hitherto been left by physicians, already gave promise of a brilliant future. To medicine alone, to which all the other branches of medical science are merely subservient, remained the disgrace of having scarcely advanced beyond the crudities of primitive ages. All the theories of centuries, and all the discoveries in other sciences, had failed to afford to the physician any certain means for the cure of even well-known and accurately described affections, but left him utterly powerless in new and unknown diseases. The causes of this deplorable impotence of the medical art lay in the misdirected efforts of physicians, and in the erection of systems of practice upon ideas utterly false and untenable.

The medical practice of that day was divided into three systems or schools, the Physiological, the Empirical, and the Expectant. The name of the first is equally suggestive of its principles and of its method of practice. Is researches into the

functions of the organism in a state of health were thorough and exhaustive, and in disease it attempted to assist their disordered action by chemically acting medicines, which were supposed to so affect the internal organism as to supply the places of its natural juices and fluids. It also attempted to imitate the courses of Nature, not remembering that there must ever exist a wide difference between a natural act of the organism in attempting to rid herself of an offending body, by a self-instituted revulsion within herself, and an attempted imitation from without, under circumstances perhaps entirely different. "It searched after the absolute power and nature of the remedy, and after the so-called physiological effect, that is, the mode and manner by which the substance and vital power of the organism is altered," (Henle.) As has been eloquently and truthfully said of its physicians: "With microscope and crucible in hand, they expect to be led by physiology to the laboratory where the vital forces spin the thread of life, and to lend a helping hand, as they understand it, in case the functions should not be carried on to suit the judgment of the observing creature. If the stomach does not secrete as much gastric juice as it ought to do, they put in a little muriatic acid to help it along, on the principle that muriatic acid has the same dissolving properties as gastric juice when out of the stomach; and yet they might know that there must be a vast difference between gastric juice and muriatic acid; for gastric juice is an organic product of the vital forces, and if no longer subservient to the supervisory action of these forces, soon decays and is radically altered in all its essential properties." (Hempel.)

But the falsity of the doctrines of the Physiological school would be apparent, even if the disastrous results of the treatment based upon such principles had not practically, and in the most perfect manner, demonstrated their utter inutility as a foundation upon which to erect a system of medical practice. A branch of the Physiological School was the Pathological, which simply watched the course of the disease without attempting any means for its alleviation. Learned in its nature, history and progress, able to describe its ravages with the most minute and scientific exactness, to point out its exact seat, and to prognosticate its prob-

able or possible termination, they were yet obliged to confess their utter ignorance of any means for its removal. While thus content with the honor of describing the disease, to Nature they left its cure. But, as has been asked, "If Nature is sufficient to a cure, of what use is all this array of science. If the science of *healing* is useless, why not likewise throw overboard Pathology."—(Hirschel.)

The Empirical School, while not possessing the fascinating glories of the Physiological, presented doctrines which at first glance appear more rational, and which to the laity, unable to investigate these matters in other than a superficial manner, would seem to be the reduction of medical science to the extreme of simplicity and practicability; but which are nevertheless none the less illogical as principles or impossible when attempted to be carried into practice. They professed to base their practice entirely upon clinical experience; that is, by the knowledge gained from a number of cases of disease, to regulate their treatment in subsequent cases of the same. This, as I have said, will appear to those not fully conversant with medical subjects, an exceedingly simple and most rational method of treatment, because it is based not on finely spun theories or fanciful speculations, but upon the solid foundation of *experience*. But it *is* illogical, because it reasons only from conclusions; it takes results and proceeds to argue from them, without at all taking into consideration the causes from which those results proceeded, or the principle under which they operated. It is untenable because disease is not an entity, although popularly supposed to be so, it is not a "something" gaining entrance into the organism from some or other cause, and varying in its forms only according to the names by which pathologists may be pleased to designate it; but it is the result of a perversion of the vital forces, a derangement of the system resulting from causes which produce this perversion, and according to these causes, and according to the manner in which they produce this derangement, and the organs which are affected, we apply to them certain names. But these names, while they give rise to the popular idea of the entity of disease, are, in reality, only arbitrary and for the mere matter of convenience. To take one instance as an example:

the abnormal condition of the system which we call typhoid fever is so named from the Greek words τυφος and εἶδος, meaning like, or similar to, typhus, and typhus fever is so named from the Greek word τυφος meaning stupor, which is a prominent characteristic feature of the disease. Therefore, we call a certain combination of symptoms of which stupor is a prominent one, typhus, and another combination of symptoms, typhoid, because they are similar, or are supposed to be similar, to those appearing in typhus. But typhoid fever is far from being the same disease in different persons. It varies in its mode of invasion, in its symptoms, and in its results, according to constitution, temperament, age, sex, habits of life and many other circumstances. It is also different in different years, in different seasons, and in different localities. Thus, unfortunately, we are met at the very outset of our admiration of empiricism, by an objection which is insurmountable, for experience to be valuable must be the application of knowledge gained in one or more cases to other cases precisely similar; for if they be not similar the same treatment will not prove curative, and similar results cannot be obtained where similar conditions do not exist. Its doctrines are, therefore, impracticable, since from experience gained in a number of cases of typhoid fever, they establish a treatment to be followed in all other cases of the disease, not taking into consideration the differential circumstances just mentioned. But if its doctrines are impracticable for diseases which are well known, and which have been long in existence, whose operations and results upon the organism have been carefully studied and are thoroughly understoood, how much more impracticable will they not be, when some hitherto unheard of disease suddenly appears in a community and seizes upon hundreds or perhaps thousands of victims. Here the empirical physician stands utterly powerless, and is practically of no more importance than is the most ignorant of his patients. His knowledge of pathology may enable him to ascertain the nature of the disease, and the organs or tissues which it attacks; he may be able to describe, with the most minute and and scientific exactness, its symptoms, course and results, but there his knowledge ends, and all his pathological studies will not enable him to cure one

single case. Experience, of which he so vauntingly boasts, and upon which his system is founded, is here entirely wanting, and it is not until thousands have died either from the disease or from the incongruous and conflicting remedies administered, that he finally stumbles upon some medicines which control the malady. Henle, a learned pathologist and a member of the Allopathic school, thus speaks of the physiological and empirical systems: "Were we obliged to choose between the two systems, the Empirical and the Rational, we must confess that the former, according to its principles, promises the most safety; because, by comparing merely sensible appearances, and collecting the opinions for and against, we are less easily led into error than by a process of reasoning where conclusion is built out of conclusion, and one weak link in the chain may render the whole useless. He who knows the history of our science and the controveries of our times only superficially—yea, verily, the whole public itself—is convinced of the fallibility and inconstancy of artificial theories. On the contrary, the experience that cinchona has cured intermittent fever stands so firm, shows so much security, that it is entirely indifferent how we explain the nature of intermittent fever, or the mode of operation of the cinchona. Had the Empirical medical art many such results to show, reflection and inquiry would be wholly unnecessary to the honest physician; and we would reproach him for it, as perhaps, by way of incentive to exertion, we would point the artist who allows his hands to remain idle, while speculating upon the principles of his own creation, to the honest simplicity of the great masters. But incontestable and undisputed medical prescriptions belong to the rarities. With a material of experience collected during two thousand years, we still see the leaders of the art despairing of all influence of medicines, and others in homogeneous cases taking diametrically opposite ways. After two thousand years of instruction, the medical profession has not yet acquired so strong a hold that every self-conceited charlatan cannot, for a time at least, figure as a reformer. We possess a Therapeia which recommends for each disease a remedy, a Materia Medica which also recommends each remedy for each disease, and still

we can hardly agree upon the diagnostic characters of the most important diseases."

The third system to be considered, and which may be dismissed with a brief notice, is the Expectant, or that adopted by many physicians who had become convinced not only of their inability to cure disease by drugs after the doctrines of the Physiological and Empirical systems, but also of the great mortality consequent upon their use, as remedial agents, when administered according to the principles of these schools. They did not, however, ascribe their ill success to this cause, namely, the application of drugs upon illogical and impracticable principles, but simply lost confidence in them as possessing remedial powers. Their treatment consisted in very close attention to hygienic rules and to dieting; they presented cooling and soothing drinks, and only occasionally exhibited the very simplest remedies. Their success, however, was greater than that of either of the other schools.

These were the prominent systems of medicine existing previous to, and at the time of, the promulgation of a widely different doctrine. We must now devote a few words to the dominant system of our own time, namely, the Allopathic. The world in our day being eminently a practical world, would not tolerate the theorizing tendencies of the more mystical ages preceding it, and we consequently find in the Allopathic system more attention paid to practical medicine and less to theoretical, than at any former period. Being, however, only a combination of the three systems which I have already noticed for you, it is open to all the objections which applied to them. We find in its ranks men who practice according to the doctrines of the Physiological school, and who, by their chemico-physiological treatment, attempt to imitate the workings of the human organism. Where the functions of an organ are decayed, they argue that a want exists in it which must be supplied from without; that the brain, for instance, has been overtasked by excessive mental labor, and is wanting in phosphorus, the patient must then be fed upon phosphorus, in order that the deficiency may be supplied. Or they decide that the blood is lacking in some one of its constituents, it may be iron, with which they then proceed to deluge the

unfortunate stomach, with the vain idea that the iron will be carried into the circulation and there remain, to supply the existing want. Others practice according to the doctrines of the Empirical school, and, discarding theory, claim that they are guided only by experience. These get along pretty comfortably until some new disease proclaims only too sadly their utter uselessness. Others, again, are mere Expectants, who employ no active treatment, but simply watch the case carefully, and render now and then some slight assistance, content if they do no harm. Of these, the editor of the *Medical Times* (Allopathic) says: "The most profoundly learned members of the profession prefer, in the greater number of instances, to become silent lookers on in their attendance on the sick, rather than hazarding the risk of impertinent meddling with the grand and all-efficient workings of the human body." The great majority, however, of the Allopathic physicians of the present day combine all three methods in their practice, and indeed boast that they are confined to no dogma or medical creed, but avail themselves of any and every means for the good of their patients. This apparently very fair and reasonable claim is, however, only plausible on the surface, and means simply employing all manner of new remedies of whose effects they know nothing, in new diseases of which they know less.

In choosing "The Scientific Development of Medicine" as the subject for this evening, it was my desire to show you, in the first place, that medicine is a science, and secondly, to indicate to you the manner in which the art of medicine may be rendered as exact in its practical workings as are the other sciences in theirs. To do this understandingly, it became necessary to first explain to you the principles which have governed medical systems heretofore, and we have seen from our brief examination, that they depended in their practical workings upon no extraneous power or principle, but upon themselves or upon principles derived from themselves. I have shown you that they exhibited no characteristics of positiveness or of certainty, the Physiological school being a mere imitation of the actions of Nature in the organism, always an uncertain guide; the Empirical to have been founded upon mere experience, useful at the best only for present

needs, and scarcely for that; and the Allopathic to be a combination of both these others. But science presupposes exactitude, and while, in its literal sense, it is true it means simply knowledge, yet in its received signification it means the principles of knowledge, and no branch of learning can claim to be a science unless possessed of some general principle or principles which govern its practical workings, and upon which they must depend. No one of the systems, then, which have existence can claim to be the science of medicine. But we are not, therefore, to conclude that Medicine has no law or governing principle, for it is certainly not the will of a beneficent Creator that, while sciences which are not absolutely necessary for the good of man are governed by laws which not only control their operations with positive certainty, but which enable men to look far into the future and predict, with entire confidence in the exact working of the law, things which will occur years or even ages hence, medical science, which concerns all that is most important to the physical part of man, should be left to chance, to experiment, and to guessing. It does seem in the highest degree natural that such a law should exist for Medicine, a law which would infallibly govern all its operations, and under which the treatment of disease would in time be rendered as certain as are the movements of the planets. In its operations this law must be universal, it must extend into all time, from the known of to-day to the unknown of the future, and must regulate the treatment of a disease which may appear a hundred years hence with the same exactitude with which it regulates the treatment of one perfectly well known, and lacking this law, Medicine falsely claims the name of science.

But we claim that such a law does exist, that in the scope of its operations it is universal and unlimited, and that it embraces in its provisions not only the known of to-day but the unknown of the future. The first record of it is found in one of the books attributed to Hippocrates, who lived about 370 years before Christ, and whom the members of the Allopathic school delight to call the Father of Medicine, wherein it is announced that "diseases are cured by drugs which have the power to produce symptoms similar to those of the disease." It seems, however, to have been

lost sight of after his death, for we afterwards find Galen, who was the next great authority in medicine, recommending an entirely different method of procedure. From this time, theory, always fascinating, became more attractive to physicians even of that early age, and those who succeeded them for century after century preferred the evanescent glory of inaugurating theories and founding systems, and having followers to sing their praises and to follow their doctrines, than to be themselves mere instruments in fulfilling the provisions of a law in the creation of which they had no part, but which was the work of the Infinite Creator himself. Hence they sought after no such principle, nor seemed to care for its existence. In reasoning upon the existence of a law in medicine, we do so in the first place by analogy; we know from the necessities of the case that there should be a law for our guidance, in order to afford us that certainty which the treatment of disease demands, but we can scarcely reason *a priori* of its existence. But we know that other sciences have their fundamental principles; we know, furthermore, that the works of God are perfect, and are lacking in no requisite of completeness, and from these facts we argue that medicine should be no exception, and indeed cannot be, if we admit the perfectness of God's works, and therefore we say it has a law which infallibly controls its operations. Again, it is universally admitted that drugs have remedial powers, and that, when properly applied, they will cure disease; is it, then, reasonable to assert that an all-wise and beneficent Creator would furnish to his creatures the means of combatting disease, but at the same time withhold from them the knowledge whereby to correctly apply them. This is an utter contradiction of our idea of God. But leaving aside analogy, we have an incontestable array of facts, accumulated during a long series of years, which show the existence of a law of cure in a manner not to be doubted. But these considerations must be deferred until we have seen how the law was finally discovered and permanently established.

At different periods in the history of medicine, there were men whose minds aspired to something better than the routineism of their times, and who from time to time made observations upon the necessity of a therapeutic principle, and some of whom have

described the law of cure in unmistakable terms. Thus Basil Valentine, in writings ascribed to Hippocrates, makes the observation, "that similar effects must by similar creating causes be treated, and not by opposing agencies." Stahl, the celebrated Danish physician, expressed himself most explicitly on this idea as follows: "The received method in medicine, of treating diseases by opposite remedies—that is to say, by medicines which are opposed to the effects they produce, (contraria contrariis)—is completely false and absurd. I am convinced, on the contrary, that diseases are subdued by agents which produce a similar affection (similia similibus), burns by the heat of a fire to which the parts are exposed; the frostbite by snow or icy cold water; and inflammation and contusions by spirituous applications." Paracelsus, in the course of his writings, observes: "It is a perverted method taught by Galen, to give remedies which produce the opposite of the disease, remedies ought to be administered which act similarly to it." (Hull's Life of Hahnemann.) But, singularly, it seems not to have sufficiently impressed these gentlemen, or else timidity restrained them from taking the initiative in a cause which would utterly revolutionize medical science, and eventually overturn all existing methods of practice. The Allopathic profession is ever tolerant even of the wildest vagaries, so long as the theories are *within* the scope of her doctrines, but let any one propose an innovation opposed to her teachings, and persecution the most bitter and unrelenting becomes his reward. The complete resuscitation of the law of cure remained, therefore, for a man whose sense of duty was higher than his fear of punishment, whose courage was of that indomitable nature that persecution, suffering, poverty, even death, would be preferred to sacrifice of principle. Such a man was Hahnemann. Reared in the bosom of Allopathy, learned even beyond the men of his age, so noted for the eminence of its physicians, he towered far above them all, not alone in the extent of his knowledge, but in the nobility of his character and the purity of his life. Sir John Forbes, editor of the British and Foreign Medico-Chirurgical Review, and an eminent Allopathic physician, thus speaks of him: "No careful observer of his actions or reader of his writings can hesitate for a moment to admit that he was an extraordinary

man—one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as generous as many that preceded it, and destined probably to be the remote if not the immediate cause of more important fundamental changes in the healing art than have resulted from any promulgated since the days of Galen himself. Hahnemann was undoubtedly a man of genius and a scholar, a man of indefatigable industry, of undaunted energy. In the history of medicine his name will appear in the same lists with those of the greatest systematists and theorists, unsurpassed by few in the originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrines into actual and most extensive practice." Having become satisfied of the uncertainties of the medical practice of his day, Hahnemann first endeavored to collect, from the writings of the most eminent medical practitioners, a sufficient number of facts upon which he might erect a superstructure worthy of his ardent exertions, but failing in this, from the fact of the recorded symptoms of disease being so intimately connected with existing theories, and withal so poorly described, he abandoned the practice of medicine and devoted himself to the translation of medical and chemical works from other languages into German; a task for which his extensive knowledge of the ancient and modern languages eminently fitted him. While translating the Materia Medica of Cullen, Hahnemann was not satisfied with Cullen's theoretical explanation of the action of cinchona or Peruvian bark in the treatment of intermittent fever. While it was evident, theoretically, that Peruvian bark should cure all cases of intermittent fever, Hahnemann knew that, practically, it was not applicable to very many cases; also, that when taken by persons in health, it had produced symptoms similar to those of intermittent fever. Resolved to satisfy himself, he took the cinchona and discovered that the symptoms which he experienced were similar to one of the forms of the fever. So singular a coincidence determined him to ascertain, by similar experiments, whether other medicines possessed the same disease-producing power, and found that they produced symptoms many of them similar to the symptoms of well-known forms of disease which they were already known to cure. Hahne-

man's success far surpassed his expectations—desiring to settle a theoretical question, he discovered a practical law—universal in its operations, and which established the art of medicine upon a basis forever unchangeable. He expressed this law by the formula *Similia Similibus Curantur*, or, "Give that remedy for the cure of disease which in health will produce symptoms similar to those of the disease;" and to his system of practice he gave the name of Homœopathy, a word which he derived from the Greek words omoios and pathos, meaning like or similar disease, and briefly expressing the terms of the law.

We have now arrived at a period most remarkable in the history of medicine. Instead of ever changing theories and systems, the results of human ingenuity, we have a law immutable and unchangeable, the work not of man, but of God. I have said to you that the test of a true law is its universality, or its "capability of establishing a definite relation between phenomena not hitherto observed" (Joslin). Such a law Newton discovered for astronomy, the law of gravitation. Such a law Empirical medicine cannot have, for it is coufined to matters of present knowledge, and can never pass from the known to the unknown, neither can Allopathy, for it is simply Empiricism. But such a law is Hahnemann's, for it establishes not only a relation between kuown drugs and known diseases, but also between all the drugs yet to be discovered and all the diseases which may in future afflict humanity.

It remains now for me to explain to you the practical workings of the law of cure, and to furnish you with proofs of its universal character. Medicines, before being used in the treatment of disease, must be submitted to a certain investigation, in order that their effects may be positively ascertained. This we call "proving," and it consists in a number of healthy persons taking a medicine and noting the symptoms which it produces upon them. Thus when the homœopathic physician discovers a new medicine, or when one is brought to his notice, he proceeds to prove it upon himself, providing his system be in a healthy condition. He carefully records its effects, the symptoms and sensations which he experiences in the order of their occurrence. He carefully notes what circumstances affect the act[illegible] of the medicine

with regard to times of day and night, rest and motion, differences in temperature, in his habits, &c. He presents portions of it to his medical friends who also prove it. It is proved upon persons of both sexes, of all ages, temperaments and constitutions. When no more symptoms can be elicited, the different records are compared and symptoms which have been experienced by all the provers, or by a number of them, are marked as especially characteristic of the medicine. It is then ready for use in any disease, known or unknown, which presents symptoms similar to those which this medicine has produced. Let me mention to you here the manner by which an allopathic physician ascertains the curative effects of a new medicine. He does not prove it upon himself, nor upon his wife, nor upon his friends, because he does not believe in a law of cure. His principle for ascertaining the effects of drugs is *ex usu in morbis*, that is, by experimenting upon the sick. Therefore when he has a hitherto untried medicine whose effects he is desirous of learning, he administers it to some patient suffering from a disease in which he *thinks* it may prove curative, and perhaps it does cure it. If so, he records the fact that such a medicine is curative in such a disease. But if it kill the patient? So, after many such clumsy experiments this scientific physician finally ascertains what this drug will cure and what it will kill, and allow me to say that if we carefully search the records of medicine we will find that the latter has been more often actertained than the former. Again, when a new disease appears, the homœopathic physician carefully observes the symptoms which it presents, and having a Materia Medica containing hundreds of drugs fully proved, and with whose effects he is familiar, he immediately finds a medicine, or medicines, which has produced symptoms similar to those of the new disease. These he administers, and cures his patients. But the allopathic physician, having no law to guide him, knows not what medicines to prescribe, so he tries one, and another, and a third, and so on until hundreds of the most incongruous and contrary acting medicines have been tried, and before he finally discovers which will prove curative, thousands have perished who might have been saved under rational treatment.

The universal character of the homœopathic law of cure can be shown more satisfactorily and intelligently by facts than by any process of reasoning, and I will therefore give three instances which have occurred within the last half century and which proved, beyond the possibility of a doubt, its capability of establishing correct and successful treatment for new diseases. In 1830, the Asiatic Cholera appeared in England after ravaging Russia through which it had passed in its course from India. The disease was new, and before that time, unheard of in Europe. It is a matter of medical history, and not of mere assertion, that its ravages in England were not arrested in the slightest degree by the prevailing practice. The most incongruous treatment was adopted, the most contradictory remedies were recommended by different physicians, but without the slightest effect on the disease. One advised bleeding, another opium, another calomel, some administered emetics, some purgatives, some employed stimulants, others denounced them. Allopathy was powerless. But how could it be otherwise? With no guiding principle, no law, universal in its action, to regulate the treatment of disease, it could not be else than powerless. But Hahnemann, whose Materia Medica was then published, by whom and by whose disciples the effects of all the principal medicines had been ascertained by careful provings upon persons in health, Hahnemann had a mine of wealth from which to select the true curative agents in this disease. Without having ever seen a case of it he took the accounts of it which were published in the Medical Journals, and by comparing the symptoms of the disease with his recorded symptoms of medicines, announced to the world the remedies which would cure it. Here was a grand test, and on it might be said to rest the fate of Homœopathy. If its founder could, on the instant, provide the means to cure a new and hitherto unknown disease, the universality of his law could no longer be doubted; if, however, it failed, it had no right to be considered a universal system of medicine. What was the result? By the most carefully prepared statistics it was shown that while under homœopathic treatment only one in twelve died; under allopathic treatment one in three died; that is homœopathists lost eight out of every hundred cases, while

allopathists lost thirty-three out of every hundred cases.* In Germany we have the following "official statements:" "In nineteen different cities 1557 patients treated homœopathically recovered, while only ninety-three (93) died, only six out of every hundred. In Hungary, in the district of Tischnowitz, under allopathic treatment, two hundred and twenty-nine were cured, and one hundred and two died, over thirty out of every hundred, while in the same place homœopathists cured two hundred and fifty-one, and lost twenty-seven. Dr. Baer, of Prague, treated allopathically one hundred and nineteen patients, of whom he saved seventy-two and lost forty-seven, over forty out of every hundred. He then tried homœopathy on eighty patients, of which he did not lose any. These statistics might be extended much further, but the above will suffice, and their value is enhanced by the fact that they were not prepared by homœopathists, but are from official records prepared by order of the Austrian Government; and I may here remark that so great was the success of homœopathic treatment in this epidemic of cholera and so undeniable, that the restrictions which had been placed upon its practice by the influence of the allopathic physicians in Austria, were entirely removed by order of the government, and its physicians were endowed with all the rights and privileges which were enjoyed by the allopathists.

In 1859, appeared in this country Diphtheria, and all here present can remember its fearful ravages. Allopathy was again powerless; she had no knowledge of the disease and no law to guide her in the selection of medicines to cure it. But again our law of cure demonstrated its universality, and by it our physicians were enabled at once to select the curative remedies. Having no comparative statistics at hand, I am unable to present you with the percentage of cures and deaths resulting from the two methods of treatment, but I may mention one instance of the successful application of our law of cure in this, at that time, new disease, that of a gentleman, under whom I was at the time reading medicine, who treated the disease from the very commencement with the greatest success, in one epidemic out of 193 cases losing but seven, while allopathic physicians all around were losing their patients by scores.

Several years later appeared another new disease, Cerebro-Spinal Meningitis, popularly known as Spotted Fever, and in this instance the law of cure again proved its power of passing into the unknown. By its aid remedies were at once selected which had already produced symptoms similar to those of the new disease, and the results were no less successful than were those in the two instances previously mentioned.

Ladies and Gentlemen: In almost all ages the members of the medical profession have been the subjects of ridicule and derision, and the keenest shafts have been discharged at them from the quivers of wits and satirists; the pretensions of practical medicine have been over and over compared with its actual performances and the comparisons have not been favorable. Of these I do not complain, but, on the contrary, assert that they were eminently just. The theoretical pretensions of physicians were not sustained by their practical success, and for the reason that they degraded the science of medicine, instead of elevating it, by attempting to build up systems upon the sandy foundations of theory and speculation, instead of the solid foundations of truth. Under their principles, medicine was not a science and could lay no claim to be considered as one, for they denied to it all scientific attributes. This I have shown you when speaking of the different systems which prevailed anterior to the discovery and promulgation of the law of cure, as well as their successor, the present allopathic system. I have endeavored to show you that none of them fulfilled the requirements of a system entitled to the name of Science of Medicine, since all were wanting in the very element which constitutes a science. In none of them, therefore, can we look for the Scientific Development of Medicine, in none of them can we hope to find that sure and positive system of practice which will render disease absolutely amenable to control. But in a system of medical treatment governed by a law which is not only positive and absolute in its workings, but also universal, there can be no retrogression; its course must be onward and progressive, and any knowledge gained must be definite and practical. This is the homœopathic, and in it we find none of the uncertainties which have been the bane of every other system of medicine which has ever existed. It alone

all others, claims the existence of this guiding law; it alone acknowledges its authority and its universality, and avails itself of its aid, and it alone is, therefore, enabled to render the treatment of disease as certain and successful as anything under human guidance can be. In it, therefore, we do look for the Scientific Development of Medicine, and we are justified in saying, that through its means alone will our expectations be realized. We do not claim that our system is perfect; on the contrary, much is yet to be gained. The law is perfect, for that is the work of the Almighty; its operations must ever be more or less imperfect since they are controlled by man. To gain this perfection, in so far as its attainment is possible, very much must yet be done. The medicines in our possession must be proved and re-proved until we are perfect masters of their effects, and new medicines must undergo the same process before they can be added to the Materia Medica. Then will the practice of medicine be reduced to a certainty, and disease will be cured as positively as mathematical problems are demonstrated. The results of practical medicine, guided by the law of cure, have already demonstrated its truth, but when this time shall arrive, it will be seen that the term Science of Medicine is no longer a misnomer as it has already been, and it will be admitted, even by those who now deny it, that under this law, and under it alone, has its scientific development been effected.

Bureau of Materia Medica and Provings.

CURE OF SYMPTOMS NOT RECORDED IN THE PATHOGENESES OF THE REMEDIES.

BY W. JAMES BLAKELY M. D., ERIE.

I HAVE noted down a few symptoms which do not appear in the pathogenesis of the remedies by which they were removed. I do not doubt that every member of this Society could furnish many similar instances. If the members would furnish to me, at any time during the year, all the symptoms which they have not found in any proving of the remedy which cured them, I would willingly arrange them for presentation to the Society at its next meeting. Published in our *Transactions*, they would be very valuable, not only for present use, but for preservation for future incorporation in the Materia Medica.

Cantharis^{200} entirely removed, in two weeks, a "prickling" under the skin in a woman, aged 62. It was of six years' standing, appearing after an erysipelas, treated allopathically, and was so intensely severe and annoying as to drive her almost crazy. Several allopathic physicians had vainly endeavored to cure it. It came on at any time, without warning, but was worse in changeable weather, every part of the body was painful; no appetite; tongue slightly coated; hands and feet cold; stinging smarting during urination; urine yellow. The urinary symptoms led to the choice of the remedy.

Arg. nit.$^{\frac{6}{10}}$ cured eneurisis in a boy three years old, light haired and stout, who had wet the bed every night since birth, and also his clothes during daytime. While the remedy improved, drinking coffee would invariably cause a return. Abstinence from coffee, without the medicine did not prevent the

eneuresis. The cure is so complete that he can now drink coffee without a return of the trouble

The same remedy very much improved an entirely similar case in a girl of eight years, which had also the coffee aggravation, but I finally gave it up because she was given coffee again as soon as a slight improvement occurred.

Ars.[200] completely cured, in about three months, a burning soreness behind the lower end of the sternum, in a woman *aet.* 55, worse when swallowing food, which for many years had prevented her closing her dress. I considered it an ulceration of the œsophagus. She can now wear a tight-fitting dress and corset.

Bell.[30] cured a twitching pain in the left side of the head, over the parietal bone, with soreness when touched. It came suddenly and was so severe as to cause him to jerk his head downwards, close the left eye and wince. These motions were involuntary.

Gels.[30] cured in a severe case of Hysteria, brought on by grief, the following prominent symptoms: pain from the occiput through to the forehead, as if a knife were thrust through; pain across the root of the nose; pain in the eyes as if they were jumping out of the head; pain through the chest, below the heart, from the left side to the right; complete blindness. The loss of sight led to the choice of remedy. She recovered her sight the same evening, and by the next day all her pains were gone.

The same remedy (Gels.) administered in water every fifteen minutes, until profuse prespiration appeared, has entirely broken up many cases of typhoid fever, so that the the patient was out by the third day. It was indicated by very severe pains in the head, back and limbs, and by an extreme lassitude, also by fever and chilliness. The tongue was generally covered with a thick, brown coating.

In a case of Delirium Tremens in which an allopath had tried for several days to produce sleep by means of morphia and whiskey, this remedy (Gels.) caused the patient to sleep for thirty hours, only waking once (at the twelfth hour) for a moment; at the end of this time he awoke perfectly conscious

and well. An equally favorable result has followed the administration of this remedy in several other cases of the same disease.

THE HOMŒOPATHIC MATERIA MEDICA.

On the Necessity of its Revision by Re-proving.

BY W. JAMES BLAKELY, M. D., ERIE.

Among all the works of science there is no grander monument to the genius of man than the Materia Medica Pura of Hahnemann. Whether we consider the causes and necessities which led to its production, or whether we view it intrinsically as a scientific work, we cannot fail to render the fullest homage to the great mind which conceived it or to the indomitable industry which gave it birth.

Since the publication of Hahnemann's Materia Medica, other works have appeared upon the same subject, all taking his as their basis, some more extensive embracing remedies proved and symptoms developed since his time, some mere abridgements, some professing to give only characteristic symptoms, some devoted to new remedies alone, and still others upon plans different from his. In all of them, however, there is to be found something new, either of new remedies, or newly discovered symptoms of the remedies contained in his work or of those with which he was not acquainted. But, notwithstanding whatever may be said to the contrary, it must be evident to those who look impartially upon the subject, that the remedies which have been added to the Materia Medica since Hahnemann's time, not alone from any particular source but from all sources, with very few exceptions, have not received that careful and thorough pathogenetic study from their provers, which he and his associates gave to those contained in his work. And it is none the less true, that there are constantly appearing symptoms even of the older and well proved remedies which can be found in no written record of these pathogenetic eff-

These symptoms, from necessity, have been mainly derived from clinical sources, since there is, at present very little, if any, of systematic proving, neither has there been recently. It is true that there are many provings of a fragmentary character, and these, in their way, are valuable, since they serve, not so much as curative agents, but as indices of the comparative importance of the medicines of which they are the effects. But these constantly appearing symptoms indicate a fact of far greater importance than the mere value of any particular medicine. They indicate the absolute necessity of a thorough revision of the entire Materia Medica in order to definitely establish their character, and to discover what further pathogenetic powers our remedies possess. These questions, therefore, come prominently before us: how shall a revision of the Materia Medica be accomplished, and by whom shall it be done? The several organizations which have been devoted to the proving of drugs are known to you. The American Provers' Union, which I believe no longer exists, The North-western Provers' Association, and the Bureau of Materia Medica in the American Institute of Homœopathy, are the only organized bodies, to my knowledge, by which systematic proving has been attempted, and these have confined their labors to newly discovered medicines, or to older ones which had never been proved. The large Materia Medica of Dr. Hering contemplates a revision of the remedies composing it in a manner very excellent in its way, and one which will interfere with no other attempt in the same direction. You are aware that Dr. Hering's plan contemplates the incorporation of all the symptoms of a medicine, from whatever source obtained, and after the work is in the possession of the profession, to let clinical testimony decide which are the true symptoms and which the false. Now, this idea is most excellent, for, assuming that there may be false symptoms in his work, it is certainly better to preserve the grains of wheat among the chaff until we are ready to search for them, than to throw away the chaff, and thereby lose also the wheat, or as Dr. Hering has aptly quoted: "*while ye gather up the tares, ye root up also the wheat with them; let both grow together until the harvest.*" But the objection to this plan, not as a plan, however,

but as the only one, is the great length of time which will be required to decide, by clinical experience, upon the truthfulness or falsity of each symptom in his immense work. I am sure I am within bounds when I say that fifty years will not do it, and, therefore, there should be other efforts made for the attainment of this object. I will not notice the arguments in favor of a mere abridgement of the Materia Medica, for I consider not alone the arguments but the very idea itself, so unscientific as not to merit notice in connection with so important a subject, and will, therefore, dismiss it with this remark, that we are not sufficiently acquainted with the relative value of the symptoms of even the oldest remedies to enable us to say of any one of them that it is not an effect of the drug. There remains then but one plan by which a revision of the Materia Medica can be definitely accomplished, and that is by the reproving of the entire number of remedies contained in it. If you start at the magnitude of this assertion, or feel appalled at the magnitude of the work, I cannot blame you, for it will be work exceeded in magnitude by few others which have been undertaken. It will be a work requiring labor, patience, self-sacrifice, in a word, heroism. But others before us have labored in this field, and they were men in whom all these qualities were united, aye, and better qualities still, for they did it in the face of opposition, of contumely and derision. We stand secure in our position as the representatives of a great and influential system of medicine, a system which the learned and the powerful love to honor, and of whose benefits they are proud to avail themselves. And this position which our system has gained, this honor and respect and confidence which we have won, are the results not of our labors but of their's, for we have fought the battle not with our weapons but with those which they bequeathed to us. And yet I do not wish to despise the labors of our day and of the men of our times, but I cannot refuse a just tribute to those who, in the face of everything most discouraging, worked with Hahnemann to leave us a legacy so priceless. And is it is not the fact, that the remedies of Hahnemann's Materia Medica are of far greater importance in the treatment of disease than is the great majority of those m[illegible]y

added to it? What is Gelseminum to us compared with Aconite, or Veratrum Viride with Veratrum Album or Pulsatilla Nutallania with Pulsatilla nigricans? If we except Lachesis, Apis, Rhus, Podophyllum and some others, what use do we make of the majority of recently proved remedies.

And here the mention of one remedy brings up memories which are saddening in the extreme. It reminds me that one who was ever with us in our councils has departed from our midst forever. Let me here pause a moment to pay an humble tribute to the genius, the labors and nobility of Williamson. And in no place could the opportunity be more fittingly taken, for he was one of the few who, since Hahnemann's time, did not cease the good work which the founder of our system began, and if his pathogenetic labors were not so extensive as were those of some others, the perfect manner in which they were accomplished was not surpassed in our day. Were we all actuated by his spirit, our Materia Medica would not long remain imperfect.

But however appalling may appear the work of re-proving the remedies contained in the Materia Medica, it must, nevertheless, be done at some time sooner or later. The verifications of symptoms which we are every day making are important, but they are not sufficient, and to them the same objection will apply which I have made elsewhere, namely, the great length of time which would be required to accomplish the work by means of them alone. But I feel that I need offer no arguments in support of my assertion, for I believe that however unwillingly we may look upon the question, its necessity will be generally admitted. Let us then consider by whom and in what way shall it be done.

In Article I. of our Constitution it is stated that the object of this Society shall be the "advancemement of medical science," and every man who signs that Constitution pledges himself to assist in the furtherance of this object. Now while Medical Science is certainly composed of different branches of knowledge, the most important of these, and I may say the climax, is Materia Medica, and the perfection of it should constitute the main study of every homœopathic body. More especially de-

voted to this department of medical knowledge in this Society is the Bureau of Materia Medica, which is now in its second year, and which was preceded, in former years, by the scientific committees on the same subject. So far, this Bureau and these committees have been productive of very little practical good, and three provings, one partial and two fragmentary, and one article on "New Provings and their Characteristics" are all the practical knowledge of Materia Medica which this Society has gained, from these sources, in the six years of its existence. Eight or ten very good articles on the subject are found in our *Transactions*, but they are not of a practical character. Now, this is certainly not a very flattering exhibit, and I do not believe that our members care to come so far to listen to articles which generally contain very little that is new, and which are more probably written from a sense of duty, than because their authors have anything particularly valuable to impart; neither would I have troubled you with this article were it not in the hope that it might be the means of inaugurating something more beneficial than we have already had. The object of the Bureau of Materia Medica is, or at least it ought to be, the perfection of the science to which it relates, and this in our school is accomplished in three ways, by provings, by re-provings, and by the collection of verified pathogenetic and clinical symptoms. To the second of these I wish to direct your attention to-day, and I will suppose (and I hope it may end in something more real,) that this Society would resolve to undertake the work of re-proving the remedies contained in Hahnemann's Materia Medica, which are one hundred in number. With the force at present at our command, distributed according to the plan which I will soon mention to you, this would require twenty years for the completion of the work, but if our Society preserve its past ratio of increase during the next decade, it can be accomplished in that time, by adopting and carrying out the following suggestions:

1. That each member of the Bureau of Mater[illegible] one medicine from Hahnemann's collection, wh[illegible] in the following manner, the names of the med[illegible] be known only to the members of the Bureau[illegible]

2. Out of the 135 members of our Society, I will suppose that one-half, either from ill-health, old age, or other unavoidable causes, will not engage in the work; from the remaining half each member of the Bureau will select twelve to assist him in the re-proving, and each of these twelve will further agree to engage five others, lay persons, male and female, to assist him in the work. Thus, if this plan were fully carried out we would present to you, at our next meeting, five of our most important medicines, each thoroughly reproved by over sixty persons. Each member of the Bureau should have his provings arranged before the time of the next meeting, and at the meeting they could be compared with the older provings, and the names disclosed. The Society could then decide upon the form in which they should appear in the *Transactions*, or whether they should constitute a separate volume.

Gentlemen, this would, indeed, be work, and work which would make for our Society a reputation equalled by none. I may be enthusiastic, perhaps some may think visionary, but I confess the very idea of accomplishing a work so important, makes me like "the war-horse who sniffs the battle afar off," long to be in the fray.

However, I ask your consideration for my suggestions; I ask you to make a special order of it and to appoint an hour when it may be taken up and discussed.

MELILOTUS.

BY G. W. BOWEN M. D., FORT WAYNE, IND.

A Synopsis of Observed Indications for the Use of Melilotus as a Curative Agent, up to May, 1871.

THE principal symptoms as yet elicited from five persons on whom I have attempted a proving have been:

Severe headache.

Violent congestion of blood to the face and head.

Frequent and annoying bleeding from the nose.

Cramp in the stomach.
Colicky pain in the abdomen.
Clonic spasms.
Neuralgic pain in different parts.

CASE I.—Mr. W., an energetic old man of 64, an ardent and enthusiastic advocate of our school, very kindly consented to take one drop of the tincture and report the results. He had been for some fifteen years subject to cramps in the stomach, for which I had given him almost all of the apparently indicated remedies in vain. Still they would return every time he had the misfortune to get his feet wet or after any unusual exposure. Other homœopathic physicians had been equally unsuccessful in selecting remedies for the relief of his suffering. The day I gave him a drop of the tincture he had been more than usually exposed and had every reason to expect an attack that night; so much so as to have hot water ready on the stove, to apply hot cloths to aid in mitigating the pains, as usual. His son was left up to keep up the fire and awake the household when the hour of anguish should arrive.

Patiently he watched until the awaited hour had passed, and then silently stole to his bed as his father was yet sleeping soundly. The patient was awakened at five o'clock by an immediate desire for an evacuation of the bowels, which was soon followed by another. No other indications were observed. As yet he has had no return of the cramps after some eighteen months have passed over, although his exposure has been greater than ever before.

CASE II.—A young man of twenty, of lymphatic temperament, had been subject to congestive headaches for several years, which occurred at intervals varying from one to three months; more frequent in hot weather.

When he had his attacks his head and face would swell, become purple, with "blood-shot" eyes.

He had frequently fallen in the streets, and would wander around unconsciously through the streets by day or night, and was always left weak, trembling and nervous for two or three days after. I gave him one drop of the tincture divided into six doses, to be taken two hours apart. This brought on a se-

vere, heavy, oppressive headache with swelling of the face, which became alarmingly purple, with engorgement of the capillaries throughout the conjunctivia, lasting some twenty-four hours.

I was obliged to lock him in his room to keep him from wandering around the streets. For the next three days his nose bled freely, since which he has had no attack lasting more than two or three hours, and these have left none of their former prostration.

CASE III.—Mrs. B., a nervo-bilious woman of thirty, for years had been afflicted with prolapsus of the uterus and a left inguinal hernia, and nervous headache at menstruation, the latter being painful and difficult. I gave one drop of the tincture in three powders, to be taken six hours apart.

One week after I learned that she had a violent and excruciating headache for three days, and had bled profusely from the nose; also that she had severe stitching pains in her rupture, womb and back. For six months past she has had no return of her headaches and has had easy and painless menstruation.

I have given it in *infantile spasms* in sixteen cases, stopping them in a very few moments in all save two, one of which had probably had over *two thousand* before I saw it. It had but three afterwards.

Three cases of apparently *bilious colic* were permanantly relieved in less than five minutes. I have given it in several hundred cases of *headache* and in nearly all have seen relief follow in a few moments. I have a few times given patients a dose of Melilotus, and when my prescription was ready been told they were well and hardly thought it necessary to take anything more.

Its sphere of action seems to be similar to that of Belladonna and Glonoine.

I gave one globule to a patient in *Eclampsia*, and while considering what was best to be given she became better, so I gave nothing more and she got well.

UPON THE ORGANIZATION OF A SOCIETY OF PROVERS.

BY C. H. HAESELER, M. D., PHILADELPHIA.

There is probably nothing in the wide range of science, that would have a more importnnt bearing on the welfare of the human race, than the establishment of a perfectly reliable Materia Medica, in accordance with our homœopathic law. As it is, we have a jumbled up, heterogeneous mass of symptoms, recorded in many volumes and in various fashions, which, however, defy all our efforts at reducing to anything like law, system or simplicity as matter for reference, and which are so unreliable in the main that there is scarcely any ordinary condition of functional disdisturbance, manifested by symptoms, that a dozen physicians, all highly educated in the lore of symptomatology, will not find each one a different remedy, all of which will be equally applicable to the case.

The *law* that governs us in our therapeutics, namely, that of *similia similibus curantur*, is right; it forces itself upon the unbiassed mind by too many vigorous yet familiar examples any longer to admit of doubt; but say what we will, there is yet wanting a better *method* to guide us in distinguishing *with certainty* the indications of this law, than we at present possess. It must be appalling to the conscience of every true and honest physician, when he reflects that the life of a patient may depend upon the giving or the not giving of a remedy the discovery of which rests yet upon such uncertain and indefinite rules. What then can be done to clear up this nebula of doubt that still casts a gloom athwart the pathway of our beautiful science?

No doubt the system of characteristics and key-note symptoms adds greatly to a higher degree of accuracy in our selections of remedies; and, take it all in all, we have not failed to progress in the development of our science, from its discovery to the present time—probably as much so as could reasonably be expected; but we must not tire in our labors, nor cease in improving upon our Materia Medica, until we shall have succeeded in so perfecting

it that the selection of any remedy for its affianced symptoms shall become as simple and as satisfactory as is now the reference to a dictionary for the definition of a word. To this end there should be formed, without delay, a Society of Provers—a brotherhood of sound, truth-loving, practical men, who should be earnest in their work, indefatigable, and under strict discipline of rules like the following: Every remedy should be proven first in high attenuations, and thence down to the crude drug, which should be pushed in its action to the utmost limit compatible with safety; and all symptoms thus elicited, from the attenuated and crude medicines separately, should be tersely and truthfully recorded.

Every remedy should be proven by at least *four* different persons, all of whom should be kept in ignorance of the name or character of the medicine given them to prove. The results of these separate provings should then be compared, and all symptoms experienced alike by *each* prover, should be specially marked or distinguished as *the* symptoms *par excellence* of the remedy; those experienced by three provers to be marked as next important in order; those experienced by two, to follow; while all symptoms reported only by one prover should be discarded as unreliable until established by further evidence.

Every remedy should be proven, and recorded, separately, not only upon men, women and children, but upon persons of different temperaments and constitutional idiosyncracies; and a separate record should especially be elaborated from provings on subjects of the strumous diathesis.

The importance of this last requirement must become obvious to all, when it is considered how dissimilarly persons of different temperaments or habits of life are affected by different substances. When even the common articles of diet act thus variably, how much more likely will such be the result from the action of medicines!

It is therefore eminently essential that the provings of remedies be carefully collated in distinct and separate forms, as obtained from different constitutional individualities.

This state of perfection of our Materia Medica, to be obtained, it is to be hoped, ere long, can only be brought about by the

formation of a society of different provers—a number of which should prove each remedy, and every prover to be a check against imperfections coming into the record from others.

HOW TO STUDY THE MATERIA MEDICA.

BY H. NOAH MARTIN, M. D., PHILADELPHIA.

The substance of this essay was given in an extemporaneous lecture to the class of 1871–72 of the Hahnemann Medical College of Philadelphia, and is now written at the repeated request of many of its members.

The study of the Materia Medica in its clinical aspect has confessedly been a difficult one, both to the physician of experience and the undergraduate of medicine. The student often complains, after having attended two full courses of medical lectures, that he has no available method for its study.

The most common and natural one usually adopted by the student is the memorizing of symptoms. But, in the course of time, he finds such an innumerable array of so-called characteristic symptoms, duplicated in numerous medicines, without any apparent pathological basis, that the attempt to memorize is futile, or if even practicable, a still greater difficulty meets him in the effort to distinguish when a so-called characteristic, which is common to a great number of drugs, is applicable to one given case of disease.

The question is, how may he know which, of these medicines, each of which is said to contain a given characteristic, is indicated in a given case of disease which develops this peculiar symptom?

The student, when he first looks into our voluminous Materia Medica, unaided by a knowledge of anatomy, physiology, pathology, or the ætiology of diseases—which is a part of pathology—finds himself much in the condition of a person reared in a city suddenly left to himself in a dense wood. To such an one every tree and shrub and blade of grass and stone resembles every other of its kind, and he is lost in a labyrinth of similarities.

But a continued residence there soon photographs upon his mind certain peculiarities which were at first unnoticed. Familiarity with these differences soon make it possible for him, at the merest glance, to determine his exact position relative to these objects. His educated eye intuitively sees that little teat of gum which has exuded on the southern exposure of yonder tree, the peculiar bend of certain limbs of trees about him, those patches of moss here and there; even the leaning to this side or that of the blades of grass which border his well trodden path are, imperceptibly to himself, known. So with the student; all symptoms of drugs and of diseases bear such a similarity to each other that there seems to be no guiding rule to discover their differences. But the physician of experience, by long familiarity with these expressions of disease, comes to see without effort, at a glance and almost intuitively, the minutest differences and similarities possessed by the varied forms of disease and their congeners the symptoms of drugs.

But the student is expected to know something of the Materia Medica when he graduates, and to be somewhat competent, unaided by long experience and familiarity with their uses and effects, to use them effectively in the healing of the sick.

How shall this be accomplished? The curriculum of studies pursued in all our medical colleges is manifestly wrong. The student should not be suddenly dropped into the midst of this labyrinth of symptoms, but gradually and almost imperceptibly he should be led, step by step, gathering and treasuring up knowledge as he progresses. Anatomy should first engage his attention, each portion of the human body, its trunk and limbs, its external surface and the fluids contained within it should be minutely understood; then the physiological study of this anatomical structure, how it is nourished and how it lives in a healthy state, should be, as completely as possible, mastered. After this comes the pathological studies of this being.

It has often and well been said, that in order to understand pathology it is necessary to understand physiology, which is the synonym of health. We make our provings upon the physiological or healthy body, and pathological conditions are produced These symptoms are contained in and constitute our Materia

Medica. By our previous knowledge of anatomy we are enabled to distinguish what organs and tissues of the body are most prominently affected, what symptoms are of organic origin, and what may be attributed to reflex or sympathetic action. So our Materia Medica becomes nothing less than a pathological expression, or the mirror of disease.

For all practical purposes, then, our Materia Medica is our great work on the pathology of diseases, and it can only be studied successfully in that relation. Pathological states have been divided into classified diseases. This classification, however imperfect it may be, is of incalculable use to us, and we ought to feel thankful to the Allopathic school for their arduous and successful labors in this direction.

We have occasion to regret the position assumed by eminent men in our profession, whose opinions we have reason to respect, when they say that diseases are nothing and the sick man is everything, for treatment. In one sense it is true that we treat sick persons and not diseases, but the whole truth is we treat sick persons having diseases.

In order to the proper development of any science there must be systematic classification. To classify is to follow the order of nature.

It is possible that the eminent physicians mentioned go to the extreme of denouncing all classification because of the fear that some novice will be led into the error of treating the names of diseases, *i. e.*, Rheumatism with Rhus, &c. But will it do to ignore a scientific method because, perchance, some practitioners are unscientific? As an illustration of the value of classifications, we point to the absurdity of an endeavor to converse upon the most ordinary topics without it.

Suppose my friend should tell me he had bought an animal having four legs, and so on, giving a minute description of the length of his ears, the length and appearance of his hair, the kind of hoof, whether split or whole, the tail, whether bushy or not, whether or not a mane, a minute description of the teeth, etc., etc., how absurd this appears in the era of steam and telegraphy. Think, also, of the state of mind of his auditor during his lengthened description, and, at the last, the uncertainty as to whether a horse or a

mule had been described. On the other hand, my friend says he has bought a horse, thus recognizing a natural classification; how readily the idea is received, and the picture of a horse imprinted upon the mind. But as to the characteristics of this horse I am still in the dark until my friend relates them.

Apply this to the classification of diseases, and on the one hand we observe the absurdity of a lengthened physiological, anatomical and pathological description of the symptoms of a case, and also at the last, by the avoidance of all names of diseases, the uncertainty as to the thing described; but when I am told that a case of Rheumatism has been treated, a totality of symptoms is immediately presented, which, being common to all cases of its kind, suggest the sick patient treated. But as all persons differ in some degree, characteristics peculiar to each person arise, and these must be described in order to apply the similar characteristic medicine.

As individuals must be divided into classes, *i. e.*, adults, infants, male and female, and also as to temperaments, *i. e.*, nervous, sanguine, lymphatic, bilious, &c., so our medicines must be divided into similar entities. We may, perhaps, safely say that Nux vomica represents the nervous sanguine male, and Chamomilla the same type of child, whilst Pulsatilla as strongly represents the nervous lymphatic female, &c.

A class of medicines represent the sanguine, another class the nervous, another the venous, another the bilious, and another the lymphatic characteristics of individuals, and this classification of individuals and of their similars in medicines, may be carried to an almost infinite degree. Now, suppose I diagnose a case, as one of Rheumatism; immediately a class of medicines are set apart in my mind to be selected from. I think of Rhus, Bryonia, Sulphur, Pulsatilla, Hamamelis, Mercurius, Nux vomica, and a whole family of medicines. Now, I find the causes of this phenomenon, which may be numerous. Is it syphilitic; has the patient been exposed to a sudden check of perspiration, or to a damp atmosphere, or to a drenching rain storm, or to an overstraining of the muscles and tendons, and afterwards to a sudden cold? All these and many more questions revolve in the mind, and however the question is finally settled, the number of medi-

cines in the class to be selected from will be inevitably reduced. Now come the modalities, which, having been carefully compared and classified, reduce the number still more. Finally, one medicine, out of a great number of those which first occur to us as being best indicated for Rheumatism, is selected as being best indicated for this individual case.

For the purposes of illustration we may say, that every drug or medicinal substance is a physiological being, having a head, trunk and limbs, for when administered to a true physiological being every portion of the system is more or less affected or acted upon. In other words, the drug is the counterpart of the physiological being. A man having larger cerebral ganglia and a powerful nervous organization, with great will power, will be most affected by the drug Nux vomica, or one of its cognates. Such a man may be said to be the Nux vomica type, and when this peculiar organization has an idiopathic disease, it will often resemble its counterpart, Nux vomica, and this drug will then be employed to cure it.

An idiopathic disease will be cured by its similar. Thus, if the disease is Typhoid fever, we would not give Aconite, except perhaps to relieve some reflex nervous symptom, and even then the properly indicated medicine for asthenic fevers would relieve such a symptom without the use of Aconite. Aconite would not be indicated for such a fever, because Aconite is a type of sthenic fever, whilst Typhoid is an asthenic fever.

To gain such a knowledge of the Materia Medica as will be useful to us in the treatment of diseases, we must first, as has been before intimated, learn what disease is, pathologically. Know its natural history; then draw a mental picture of the disease to be treated. Let us imagine a person sick of Typhoid fever; consider the sex, temperament, idiosyncrasies, etc.; then draw a picture of the Rhus, Arnica, Bryonia, Lycopodium, Muriatic acid, &c., types of typhoid, noting carefully the peculiar characteristics of each drug, have them firmly and deeply impressed on the mind, in short, make them a part of ourselves, then when, even in years after, we are called to treat a case of Typhoid fever, the characteristics will come fresh to our minds, and a good result is assured.

A sea captain who had safely carried his vessel through a terrible storm, when complimented by his passengers for quick and ready tact in meeting every emergency, replied: "I never was caught in such a gale before, but I have often pictured to myself what I should do in just such an emergency, and now when it came upon me, I knew just what to do."

I have given but an outline of a method of studying our Materia Medica, but I hope some suggestions are here thrown out which may be useful to those who are just commencing its study.

Bureau of Clinical Medicine and Zymoses.

SCIATICA.

BY MAHLON PRESTON, M. D., NORRISTOWN.

About the middle of January last I was called to attend a young lady, aged twenty, who had been suffering for a period of four months from a sciatica, treated allopathically during that time, with very little effect.

She complained, at the date of my first visit, of gnawing, aching and tearing pains in the right thigh and leg, also a darting from about the point where the sciatic nerve leaves the pelvis to within perhaps ten inches of the popliteal space, where it was interrupted, to appear again about the middle and outer side of the calf, and continue thence to the outer malleolus and heel.

She moved with great difficulty, all motion, at first attended with intense pain, becoming after a moment or two mitigated to a bearable degree. She walked leaning toward the affected side, as much as though the femur had been quite dislocated above the acetabulum; and when standing erect, the heel must have been at least an inch and a half from the floor.

Her greatest suffering was at night, in not being able to remain in bed. The pain in the thigh, leg and knee joint, when lying down, became excruciating, eliciting screams. She gave up her bed entirely for several weeks, occupying a chair, in a semi-reclining position, during such times as the severe pain allowed repose. Although considerably emaciated and prostrated from want of rest and from pain, her menstrual functions continued as usual. A careful study of many remedies bearing on her case led to the choice of "Kali hydriodicum," as the most

fitting medicine, and without any idea that there was any additional reason for the prescription than the close resemblance of the symptoms detailed by the patient to the pathogenesis, it was given.

Prominent among the symptoms of Kali h. are, nightly tearing and lacerating in the knees, twitching in the right knee, tearing and darting in the posterior surface of the right thigh, tearing above the bend of the knee, and, immediately after, also below, aggravation at night, amelioration by motion, spasmodic contraction of the muscles, subsultus-tendinus.

Her pains were but slight and bearable during the day, but on the approach of evening they increased, becoming extreme during the advance of the evening, especially on getting into bed; better in the open air. She had violent jerking of the limb and of the muscles of the thigh; during the accessions of pain the knee of the affected limb (right) was the especial seat of pain and suffering; a tearing and lacerating during these nightly paroxysms.

The administration of Kali h. in the morning, one dose, was followed by a cessation of pains through the succeeding night, and during the three or four weeks of her convalescence she, perhaps, got three or four doses of medicine.

I was required to prescribe for this patient a second time, about one month ago, for what she feared would be a re-appearance of her trouble. Kali h. arrested it promptly. At that time I ascertained that four years previous to her first attack she had had a vesicular eruption on her face and chest, which had been suppressed by a mercurial ointment. I took occasion in this case to test my highest potency of the medicine, which was $10^{m.}$ of Dr. Fincke's, which proved the effectual antidote to both the disease and the poison which, I presume, originally caused it.

CASE II. *Crural Neuralgia.*—This case came under my care about two years since, and presented some peculiar features. A woman, æt. about 30, married, but had never been pregnant; her menstrual periods had been delaying for several years, and were, at the time she came to me, very irregular and uncertain. Although the menstrual flow was always late, and sometimes wanting entirely, when it did make its appearance it was profuse and long lasting, continuing always a week, and sometimes

longer, consisting at first of pale blood, which after the first day became dark and clotted, with occasional spells of spasmodic contractions in the uterus.

From ten days to two weeks previous to the appearance of the menstrual discharge she would be regularly admonished of it by the setting in of sharp pains, during motion, extending from the point of egress of the crural nerve on the thigh, down over the inner surface of the knee, to the great toe; and a constant aching of the whole limbs, with great heaviness during rest. After the first sense of pain, however, the whole member would be completely paralyzed until the menstrual discharge had fully made its appearance, from which time it would gradually regain to its normal strength.

She and her friends assured me that she had suffered in this way for six years, at least, at the time I first saw her, and had made assiduous effort to obtain relief, without effect.

In this case also the right limb was the one affected, and the following symptoms were the most prominent features of the case: Protracted and profuse menstruation; flow after the first day often dark and clotted; continues a week; relief of all her symptoms after its appearance, except occasional contractive pains in the uterus. Previous to menses, about ten days before, a sharp, darting pain along crural nerve, during attempted motion, followed by numbness, heaviness and complete loss of power in the limb. Dull aching of the nates while sitting, and extending to the sacral and hip-joint regions and small of the back. Dull stitches during movement, and drawing sensation during rest about the knee and patella. Paroxysms of stinging pain along the fibula, near the malleolus. She was troubled also with sweat at night, great general prostration, and sinking feeling in the stomach and abdomen; complete amelioration of all the pains during rest at night.

By a comparison of these symptoms with the pathogenesis of "Staphysagria," I found a more perfect figure could scarcely be desired, (except the menstrual functions, which are not mentioned in the proving,) and by the use of two or three doses monthly, about the time of the first appearance of her troubles, the attacks were gradually lightened, and at the end of three months ceased

to come entirely. The menses became regular, and the weakness of the limb was and is completely relieved.

CASE III.—That of a lady, æt. thirty-five, of tall, slender build and phthisical habit, married, and has one child about three years old. During almost the whole of the pregnancy she had been disabled by a sciatic affection of the left limb. During the last year her menses again ceased, and the inevitable sciatica attacked her a second time. As she had, during her previous pregnancy, been treated persistently by a Homœopathist for her trouble, without effect, she had very little confidence in the power of medicine to relieve her, and it was only through the imperative necessity for treatment for a disorder of a more active nature that I was enabled to persuade her, after its removal, to submit to an effort to rid her of the greater difficulty.

Symptoms.—At first a seated pain about the region of the left hip-joint, lancinating and aching, worse during motion, which gradually became almost unbearable; extending down the outer and posterior sides of the thigh to the heel. The limb would give way on bearing any considerable weight on it, as if from the complete lack of strength in the muscles to keep it firm. She had to hold to a chair, or use a crutch in going about the room. Pains came on worse in the mornings at 3 A. M., and in the afternoon at 4 or 5. Aching seated about the middle and posterior of the thigh, with great soreness of that and of the tuberosity of the ischium, deeply seated, as if in the bone; aching and weariness in small of the back. About three months had elapsed since her last menstrual flow, and the prospects were favorable for a long period of confinement to her room. After a few doses of Sepia, in about a week the menses appeared naturally, and continued as usual, which proved her mistaken about the pregnancy, during which period she felt much improved and encouraged. After its cessation, however, she was worse, and gradually lapsed into a more unfavorable condition than before the menstruation.

She had now a more intense aching, stinging and bruised pain in the middle of the posterior of the thigh, extending to the knee; boring pain in the knee-joint; sharp tearing, stinging or pricking in the calf above the ankle; aggravation of all the pains while sitting; better by motion, though motion was also painful; worse

in the afternoons and evenings. There was a great deal of pricking in the calf just below the knee, and in the popliteal space. Her time was spent lying on a lounge during the day; in this position she got all the relief position could afford her. The patient was of nervo-bilious temperament, and subject to severe attacks of sick headache without vomiting. She received, after the ineffectual use of a dozen other remedies, *Indigo 6th*, a dry powder, every four hours, and in twelve hours a decided improvement was manifest, and before the next menstrual period had arrived she was, to all appearances, well. She passed that time without any difficulty, and continues in her usual health.

Bruised, pricking, stinging, aching and boring pains are prominent in the pathogenesis of Indigo, as is also the evening aggravation, and on sitting; and I believe it a much neglected remedy. A few clinical tests will undoubtedly develop a ready confidence in its powers.

In addition to these cases I would like to mention Stillingia, sylvat. and Phytolac decand. as of great value in syphilitic and gonorrhœal forms of sciatica, the dull, aching, benumbing pains produced in the hip-joints, thigh, knees and ankles, which I have myself experienced in proving the former remedy, are also reliable as curative. The characteristic indications for Phytolacca are more extensively known, but I think not as fully appreciated as they should be in practice. The form of pain experienced from this drug is of a more sharp, lancinating character, little inclined to remain seated in one part long at a time, often darting along the whole length of the limb in quick, successive impulses, rendering the leg powerless, numb and heavy, even to the extremity of the toes. I have on several occasions derived the greatest benefit from the use of these remedies in such cases. As far as my experience goes, Stillingia corresponds more closely to the left side and Phytolacca to the right.

TREATMENT OF VARIOLA BY VARIOLIN[200]

BY W. JAMES BLAKELY, M. D., ERIE.

In view of the remarkable prevalence of Small Pox at the present time, any treatment which has been uniformly successful should be made known, in order that it may be tested by others. I am aware that the treatment of this disease by Variolin will be accepted by many with feelings almost akin to contempt, and that any reported successful results arising from it will be received *cum grano salis*, not only on account of the peculiar nature of the remedy itself, but also on account of its administration in a very high potency. Yet we cannot deny facts which present themselves to our notice in a manner as unmistakable as they are unvarying, and they should not be rejected simply because they do not accord with theories of our own conception. I desire to express no opinion as to the principle upon which Variolin cures Variola, whether it be really isopathic, or whether the peculiarly homœopathic method of preparing it so changes it, as to enable it to cure a disease of which it is itself the result, upon the principle of Similia. The other objections that animal poisons are inert when taken into the stomach, or when prepared with alcohol, have been so effectually disposed of by the successful administration of Apis, Lachesis and other similar remedies, that they require no answer here. That Variolin not only cures Variola, even in its worst forms, but that it shortens all its stages and prevents pitting, I entertain not the slightest doubt. That it acts as a prophylactic I have great reason to believe.

During the past summer and autumn and during the present winter, I have attended a number of cases, all of which were treated with Variolin[200]; other remedies only being administered when called for by particular symptoms, and suspended as soon as the necessity for their administration ceased. I will give a few instances from my own practice to illustrate its effects, and afterwards some cases from the practice of Dr. Robt. Faulkner.

CASE I.—Was called on the evening of September 23d, to see a girl aged 10 years, and found her with high fever, restlessness and delirium, great thirst, and dry and heavily coated tongue. The attack had been sudden, and she had complained of no previous unpleasant symptoms. Next day the eruption appeared, and I had one of the worst cases of confluent small pox which I had ever seen, and I have seen a good deal of it, having attended one hundred and fifty-nine cases in one epidemic. She received Variolin^{200}, and on the fourth of October, eleven days from my first visit, I discharged her, well. The pustules filled rapidly, did not burst, but dried up, or, as I may say, withered and fell off, leaving her unmarked.

CASE II.—A gentleman, aged about 35, to whom I was called in consultation when the pustules were fully developed and filled. The pustules in this case were the largest I have ever seen, some of them nearly half an inch in diameter. After taking Variolin^{200} they dried up rapidly, did not burst, and fell off without leaving a scar. The duration of this case was about two weeks, and I am sure would have been less had he taken the remedy earlier.

CASE III.—A girl æt. 8 years, confluent, eruption appeared January 1st, (I was called January 12th,) and at my first visit was fully developed, but the pustules had not burst, except on the face from being scratched open. The remedy was administered and the remaining pustules withered and fell off, although the disease had twelve days the start of the medicine.

CASE IV.—A young man, aged about 20 years, eruption out seven days before I was called, pustules well filled. This was a very bad confluent case, with constant delirium and desire to escape, which was unfortunately gratified by negligence of the attendant. He escaped into a cold room, from which he took a severe cold and died. He had, however, been taking the medicine for about a week and the pustules had nearly all dried up.

CASE V.—A girl aged 14, eruption out five days at my first visit, but suppuration had not commenced. This was a confluent case. She received Variolin^{200}, and on the next day the pocks were well filled. Although the case had a start of five days, yet, in two weeks from the appearance of the eruption it

had dried up, nearly all fallen off, and she will not have a mark. None of the above except "Case II." had been vaccinated.

I mention the following cases of Dr. Faulkner's.

In one family he treated eleven cases, two of which were confluent and very bad, as I can testify, having seen them. All progressed favorably; all the stages were shortened, the pustules did not burst, but, as he expressed it to me, wilted and fell off, and only one will be marked, and that one but little, where she scratched the pustules open. They all took Variolin^{200}.

In another case the patient was entirely well in seven days, and only one pustule burst (on the wrist) or, more probably, was ruptured by accident, and leaves the only mark the patient has. She took Variolin^{200}.

Another case, a young man, came home with the eruption just out, about 30 or 40 pustules on the face. Received Variolin^{200}. On the next day the head and face were enormously swollen, and the pustules were all filled. On the third day they already began to dry up, and in one week after entering the hospital he left it perfectly well and clean.

Several of Dr. Faulkner's cases were out in a week; none marked except the one already mentioned.

I gave the remedy in powders not oftener than every three hours. Dr. Faulkner gave it in water every hour, and every one of his patients except one child too young to tell her sensations, complained of a dizzy swimming in the head, when sitting or raising up. After observing this repeatedly, he gave the medicine no oftener than every three or four hours and heard no more of it. None of my patients complained of any such symptom.

The results of our combined experience has shown us that when Variola is treated with Variolin^{200}, the disease is shortened nearly or quite one-half, that the sufferings of the patient are very much mitigated, that the secondary fever is either absent or very much lighter, that the pustules do not burst, but wither or wilt and fall off, that the suppurative stage is immeasurably hastened and shortened, and that the patients are not marked. One very remarkable difference, which I have observed between cases treated with this remedy and others treated with-

out it, consists in the appearance of the patients after the completion of the suppurative stage. In the latter case the pustules burst and discharge their contents, giving the disgusting appearance known to all who have treated the disease, and finally leave the face pitted and covered with red and angry looking spots. When treated with Variolin, nothing of the kind occurs, the pustules do not burst, but dry up and fall off, sometimes in patches as large as a copper cent, revealing a smooth, clean, white skin, not pitted, and, as a consequence, there is much less odor than in the other class of cases.

We administered the remedy to a large number of persons, many of whom were exposed, and none were attacked. In the family of eleven persons above mentioned were two others, girls, one a friend, the other a servant. The young lady was terribly frightened, but took the Variolin regularly and escaped, the servant was not afraid, would not take the medicine, but took the disease. These are, of course, not proofs of prophylactic power, but they show that the remedy is worthy of an extended trial. What it will do in malignant or typhoid Variola I do not know, but I do know, from positive knowledge, that, in the severest confluent cases, its action can only be surpassed by a remedy which will cut off the disease at once.

MEMBRANOUS CROUP—A REPORT OF SEVEN CASES.

BY C. H. VON TAGEN, M. D., HARRISBURG.

CASE I.—Mary B., æt. 13 months, a remarkably healthy child, and well proportioned, not presenting the usual short neck which subjects prone to this malady do, was taken, August 24th, 1870, with symptoms similar to ordinary influenza. Did not see the patient at this time; was stopped on the street by the father of the child, who gave me a description of the child's condition. He stated that the child had fever, with running at the eyes and nose (I quote his own words), accompanied with hard, dry, hacking cough. Upon my asking him whether the child coughed croupy, he said no. This was about 11 A. M. Between the hours of 12 and

1 P. M. he called at my office and procured some medicine. Gave aconite 3d, in pellets, to be dissolved in a ¼ of a glass of cold water. Dose, a teaspoonful every two hours during the day, and occasionally at night if wakeful. Heard nothing more for three or four days, when I again met the child's father, as before, on the street; and, upon inquiry, he reported the child "about well." Two days later, namely on 6th day, the father called at my office and stated that the child did not seem to be so well; he desired more of the same medicine, which I furnished, with instruction that if the child did not get better by the following morning, the 31st of August, or coughed the least degree croupy during the night, to send me word, and I would go at once. About 9 A. M. of the 31st, word came from the child's mother for me to call, which I did at once, my carriage being at the door. A few minutes later found me in the presence of the patient. Found the child sitting up in her cradle, playing with toys, and although looking happy and smiling, presenting the unmistakable dyspnœa of membranous croup, a sort of sawing noise. Occasionally the child would throw her head and neck back, to free the windpipe, placing momentarily her little hand to the neck. At the same time the alæ nasi could be observed dilating more than usual. Shortly the child coughed, emitting clearly the croupy sound; loud, ringing and hoarse. Calling for a tea spoon, an examination of the throat was made, which revealed the presence of a well defined membrane lining the fauces and covering the epiglottis. Occasionally the child would cough up stringy mucus, so the child's mother stated; I did not see it. Accordingly, Kali bichr. 200th was administered and repeated every one to two hours. A very unfavorable prognosis was given by me, expressing my fears that the child would not live twenty-four hours. This, of course, surprised the mother very much; she could not credit my statement. I also advised that the father should be sent for and informed without delay. This she declined at first to do, saying he would be home at twelve o'clock to dinner. I visited the child again at 2 P. M. and found it much about the same. Recommended an operation, "Tracheotomy," which was declined. This, I explained, was a "*dernier ressort*," and was the only chance left for the patient, in answer to most earnest

appeals from the parents, desiring to know "if there was nothing could be done to save the child." I was obliged to go to Columbia during the afternoon, in consultation; returned at 8 P. M. and proceeded at once to the patient's house, finding her much worse. Both parents were then eager and desirous that an operation should be performed, but alas it was too late. Bromine 3d was now substituted for the last named remedy; shortly after the child breathed a little easier, and considerable phlegm was removed by coughing. Shortly after 12 M. the patient expired.

CASE II.—Mary F., aged nearly 3 years, short, plump, very light complexion, blue eyes, thin skin, short, thick neck; the very reverse, except in complexion, of Case I (the former was medium light complexion), was seized very much in same manner as Case I. This case, however, I visited daily, for three days, and then discontinued, leaving the child convalescent, to all appearances, the throat presenting no exudation as far as the eye could reach. Instructed the mother to continue the remedy, Aconite 3d, at intervals of two to three hours, watch the case closely, and report at once should croupy cough set in. This case had coughed croupy the first and second days, but the croupy sound disappeared on the third or fourth day. At 3 A. M. on the morning of fifth day the child awoke, coughing very croupy. I was not notified until 9 or 10 A. M. next day. I called at once, and upon examining the throat found the characteristic membrane developing. During my visit the child coughed up some tough, stringy phlegm, and was very hoarse. Kali bichr. 200 was administered in water every hour. Towards afternoon and evening the child seemed better, and much tough mucous was coughed up, at one time accompanied with a well marked patch of membrane. Feeling somewhat encouraged in consequence, pronounced the child a little easier and better. Visited the child four times between 9 A. M. and 10 P. M. Went again at midnight, after making preparations to stay all night, as I feared an aggravation *early in the morning* (Kali bich.) About 1 A. M. restlessness and tossing about, changing position frequently; at last, 2.30 A. M. fell into what appeared a gentle sleep, and at 3 A. M. passed into the embrace of death so gently that those in the room with her did not discover the fact for some minutes afterwards.

CASE III.—Mary W., aged three years and two months. Taken in same manner as foregoing cases. Gave Aconite 3d, Nov. 9th, 1871. Visited the patient, requesting the parents, that in case the child coughed croupy, or became oppressed for breath, a messenger should be sent to me at once, day or night. Called next morning, 30th; found the child with fever, fluent coryza, croupy cough, and, as the mother remarked, *worse in the morning* than during the previous night. Examined throat and found membrane well defined throughout the fauces, with tendency to spread downwards to the larynx; epiglottis was faintly covered. Patient coughed up tough, chunky mucus—not stringy: Kali bich. 3d, in water, every hour a teaspoonful. Called again during the evening and found child better. Had coughed up much phlegm during the day; throat presenting about the same appearance as at the morning visit. December 1st. Found patient worse than previous evening, still not so bad as on previous morning; throat less inflamed, membrane not so well marked, presenting a translucent appearance; could see the mucous membrane through it, as though covered with gauze. Continued same remedy. Evening of same day better, and thus the case continued growing better day by day until, December 4th, all traces of membrane and inflammation had disappeared, and the child made a complete and rapid recovery. Complexion and build of this patient much the same as Case I.

CASE IV.—Freddy B., aged 10 months, a bright, light complexioned, vivacious little fellow, was taken about 10 A. M. on October 13th last, with fever, having, however, presented some slight catarrhal symptoms a day or two previously—croupy cough and difficulty of breathing, with wheezing, expectoration, which could only be removed with the finger during the coughing (otherwise the child would swallow it), of a yellow, somewhat stringy mucus, rather muco-purulent, accompanied with some retching. Was summoned to the case on the following morning, Oct. 14, 1871. An examination of the throat presented the following appearance: Tonsils and fauces, particularly on right side, lined with a white, pearly coating, extending toward the larynx. Gave Kali bich. 3d, in water, every hour. Called again same evening, and found patient better. The following morning made

my third visit, and found patient rather worse. Found, upon inquiry, that the child had slept pretty well until about 3 or 4 in the morning, after which he appeared more restless, cough more frequent, expectoration tougher and more difficult to dislodge. Ordered the Kali bich. to be continued. Towards evening of second day patient was easier and better in every respect, exudation in throat evidently disappearing, as it was growing paler and less dense. On morning of third day exudation on left side gone; still present, however, on right side, but less defined than the previous day. Patient passed on to complete recovery at the expiration of sixth day.

CASE V.—Ella E., aged 13 months, complexion medium light, a very bright and active child, about six weeks previously passed through a severe attack of dental fever, accompanied with tonic spasms. On January 8th, 1872, was seized at night, shortly after midnight, with fever and deep, hoarse, croupy cough, with considerable dyspnœa and grasping at the throat with both hands. With the exception of a little peevishness this case presented no premonitory catarrhal symptoms the evening or day previous. The summons reached me at 2 A. M., through the child's father, who resided some five miles distant. Being very much fatigued, and not feeling well myself, laboring as I was at the time under a severe cold, I did not propose to go out, particularly as the father did not require it of me. I obtained a clear and very intelligent description of the case, and knowing full well, as I did, the patient's idiosyncracies, I sent Kali bich. 1st, to be administered in water, in teaspoonful doses, every fifteen minutes to an hour apart, until relieved and the child slept. Next morning I called, and found the child, after taking two or three doses, had fallen asleep, and awoke at 8 A. M., refreshed, still coughing croupy and oppressed. The day following, January 9th, called again (this being my second visit). The mother reported a more comfortable night. I omitted to mention that an examination of the throat on the previous day revealed a membranous exudation throughout the posterior fauces, pharynx, over each tonsil, more dense in appearance on the right side, much the same as Case IV; rather more marked, however, with free discharge from both nostrils of a muco-purulent nature. The patient re-

sisted all my efforts to obtain a view of the epiglottis, but I have no doubt that it, too, was enveloped in the membranous formation. The entire Schneiderian membrane was much thickened, as there was much difficulty in breathing through both nasal apertures. The eyes presented a suffused appearance, accompanied with profuse lachrymation. Continued the Kali bichr. January 10th. Patient passed rather a restless night, and coughed more than the previous night, but much looser. Discharge from the nostrils rather more profuse, of a more decided mucus character; breathing more freely. During the night patient coughed up, several times, quantities of a pale yellowish mucus, and in fact vomited material of the same character. Continued same remedy. Examined the throat, and found the membrane pale, less dense, except on right side, where it appeared more persistent, but somewhat loose and detached around the edge. Jan. 11th. Found my patient improved in every respect; passed a very comfortable night, patient still coughed considerably, but not enough to disturb her slumber. Continued same remedy. January 12th., membrane scarcely perceptible, with the exception of a patch, as large as a lentil, on right tonsil, which was evidently waning. January 13th. Patient is now about convalescent, and by the 15th completely so.

Case VI.—Rose K., a bright child, aged four years, light complexion, flaxen hair, presented symptoms, on January 9th, of an ordinary catarrh, of which no special note was taken until the 11th, two days later, when a croupy cough set in, with considerable amount of labored and quick breathing. No appearance of any membranous formation in the throat. Patient had thirst, and was very restless during the preceding night. A close inspection, by thorough depression of the tongue, revealed the epiglottis slightly covered with a pale, pearly coating. Cough was dry and severe. Aconite 1st was administered, and continued for twenty-four hours, at the expiration of which time cough became much looser; child complained of pain and soreness in the larynx, to which she pointed with her finger when asked to locate the pain. On the 13th made a third visit, and found the patient had passed a pretty comfortable night; had coughed up some tenacious mucus, which I could not learn the precise cha-

racter of, further than that which was furnished me by the mother's information, who did not see it, as the child swallowed it immediately upon its being detached. Gave Kali bichr. 3d; discontinued Aconite. January 14th. General amelioration of all the symptoms, cough alone excepted, which still sounds croupy, but loose; child passed a comfortable night, coughs most towards early morning; expectoration not quite so difficult to raise. Obtained a small quantity on a handkerchief, which was gelatinous, and, while not stringy in appearance, could be drawn out. Kali bichr. was continued; two days subsequently this case passed on to perfect recovery. Thus we have, as the result of this report, six cases of membranous croup, with four recoveries and two deaths, which, when reduced to figures, yields six per cent. of recoveries. This, I think, when taking into consideration the fact that membranous croup is usually attended with such extremely fatal results in the "regular" hands, may be regarded as decidedly favorable for Homœopathy.

One other feature is rather remarkable throughout this series of cases, and that is the singular uniformity which each and every case presents in regard to indications in which the remedy Kali bichr. was called for, and with what happy results it is needless to reiterate.

I am strongly impressed with the idea that membranous croup would prove much more amenable to proper treatment were it not that the malady is too often permitted to pass unnoticed, or at least simply regarded as an ordinary cold, and thus treated with home remedies until the victim is virtually within death's grasp; then, and usually only then, the doctor is summoned, but, alas, too late to be of any service. The ensuing twenty-four to thirty-six hours draws to a close the terrible scene of a human life ebbing away from strangulation, and physician and parents obliged to stand by, impotent to aid or relieve the little sufferer. It is now my invariable custom to examine carefully every case brought to me of children affected with "*ordinary colds.*" A thorough and close examination of the throat and fauces will often reveal to the observing physician the presence of a pale, pearly exudate, as though the parts had been touched or seared lightly over with nitrate of silver, and this condition will be found to exist some-

times two to three days prior to any well marked croupous sound with the cough, and this is invariably the case when the formation of membrane takes place from above downwards; and late experience has taught me to conclude that this method of formation is rather more numerous than the reverse, or that form in which the exudate forms primarily in the larynx, and thence spreads upwards to the fauces and posterior nares. I have met with a few cases in which the patient has sneezed from the nostrils well marked portions of membrane, hours before the membrane could be clearly defined in the throat. I am therefore led to believe that as catarrhs frequently take their origin in the Schneiderian membrane, and that membrane being a continuation of the same as that which lines the laryngeal, tracheal, in fact both gustatory and air passages, that it will be found, more frequently than is supposed, the point of invasion in membranous croup; and I will here venture the assertion that, if the disease in question is recognized before the larynx is invaded to any extent, we would not then be obliged to mourn our inability to cope successfully with this twin scourge to scarlet fever, either of which numbers among its victims many thousands yearly.

To illustrate more forcibly if possible the necessity of looking closely into this class of affections in the early stage, I will close this report by briefly alluding to a case which came under my observation this morning.

During my round of visits this morning I called to see a female patient who is suffering with dysentery, of which affection I have some five or six cases at this present time. The baby, some 18 or 19 months of age, of dark complexion, short, thick neck, was sitting on the bed, presenting the appearance of one suffering with a severe catarrh, such as suffusion of both eyes, profuse coryza, breathing somewhat oppressed. The mother alluded to the child's case and remarked she had a cold, but did not consider it worth while doing anything for as it was an "ordinary cold," and she thought would probably pass away. I requested the child to be brought to me and examined her. I asked the mother whether the child had coughed croupy during the night, to which she replied in the negative. The pulse indicated a feverish condition, and upon placing the child

so as to obtain a good view of the throat, I depressed the tongue well down and found the appearance already alluded to throughout the fauces and over the epiglottis; upon withdrawing the spoon the child coughed, emitting the croupous sound. I found upon further inquiry that the child had been exposed to cold air yesterday morning while sitting at the breakfast table, the servant having carelessly left the door open which leads into the yard. Aconite 1st was administered and ordered to be repeated every 1 to 2 hours. The probability is that had I not been in attendance in the family at the time, this case might have been left to pass unnoticed until assuming a grave character, in which case death would probably have ensued. I trust to be able to report a successful result in this case; in the event either of death or recovery I desire to embrace this case in the present report.

TYPHOID FEVER.

BY THE ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

TYPHOID FEVER as it is seen in nearly all portions of our latitude possesses the same general and distinctive features; varied only by the circumstances operating in its development. From statistical record it is found to prevail to so great an extent in our own and neighboring States as to be necessarily considered indiginous.

No situation or kind of soil or lay of country seems to furnish an exemption from occasional visits of this disease.

Mature man- and womanhood are known to be most frequently the subjects of attack. And still the two extremes of life are not exempt. Children of less than a year and from that up to the extreme limit of man's allotted time, show examples of the malady.

In the census taken by the United States Government in the year 1860, the record shows that within the year ending June 1st, 1860, one thousand three hundred and forty-four deaths occurred from this fever alone in the State of Pennsylvania.

This number constituted about four and a half per cent. of the deaths occurring in the State from all causes. During the same year one hundred and fifty-nine deaths occurred in the State of New Jersey, one thousand and thirty-eight in the State of Ohio, and nine hundred and sixty-three in the State of Indiana.

The real causes producing this disease are not readily discoverable. And while a portion of the profession endorse the opinion that it is caused by a poison generated by the decomposition of animal matter alone, others think this opinion untenable from the fact that it is so frequently seen in places where no such cause can be had. It is found at times prevailing to an alarming degree, in places where the atmosphere is heavily tainted by animal decomposition, it is true. But it is just as frequently found to prevail to as great a degree, in districts where the atmosphere, to the closest observer, possesses no taint discoverable by the senses of man. Nor is the mortality always found to favor the locality possessing an apparently fresh and untainted atmosphere. In country districts, where no contaminating influence is perceived in the atmosphere, the deaths frequently overreach the lists of mortality of districts known to possess a positively foul and, to the greatest degree, vitiated atmosphere. In order to have produced a specific disease it is necessary to have a specific miasm; fully as much so for Typhoid Fever as for Measles, Scarlet Fever or any other specific disease. And where the Typhoid Fever miasm is found in a district, all persons brought in contact with it who possess in their systems the elements that must necessarily render them impressible to it, take it whether brought face to face with those who have it or not.

When seen in epidemic form it, like most other diseases depending for their development upon a specific influence, is usually found in districts of moderate bounds, and not usually spread over an entire county or state at one and the same time.

It is not uncommon to see several members of a household prostrated with it at the same time. But just as frequently, however, one member of a family or household after another

is seized with it till all or nearly all have been compelled to succumb to its influence. Though found prevailing at all seasons of the year, the latter part of the summer and autumn, when the days are still hot and the nights grow cool, and especially if the atmosphere is damp and foggy, seems most to favor its development.

When it shows itself in a locality, it usually runs through an entire season, and frequently an entire year, and at times two or three years pass before it entirely disappears.

When it has assumed an epidemic form in a place and has fairly gotten a start, the weather, cold or hot, seems not to possess power to stop or even influence it very materially, until the apparent strength of the miasm producing the malady is exhausted. Cities and towns seem to be its favorite resorts and are most frequently visited by it. But while this is true, country districts at times adjacent to and at others remote from either, are occasionally compelled to play the part of host to the unwelcome visitor, and often suffer a most fearful mortality.

The first impression made upon the organism by the disease producing power is evidently upon the brain and nerve centres. Unbalancing the distribution of nerve-force, and thereby suspending or interfering with the proper performing of the functions of the secreting and excreting organs, causing to be retained in the circulation elements that are, when in excess, pernicious to the system, and well calculated to produce that kind of fermentation in the fluids of the body, which is peculiar to and stamps this as a disease of an unmistakably zymotic character.

This disease is usually ushered in with more or less chilliness, pains in the head, back and limbs, general soreness, stiffness and languor; in some cases gradually, in others rapidly increasing in intensity. In most cases, and especially those showing considerable biliary disturbance, the symptoms are disposed to remit; usually showing but one exacerbation in the twenty-four hours.

In some cases the bowels are relaxed from the commencement of the disease.

In others, and perhaps the greater number of cases, relaxation occurs between the first and third week, and a moderate proportion of the cases are not accompanied by symptoms of that character from beginning to end of the attack.

The discharges, in the cases where the bowels are relaxed, are usually feculent, with the admixture of more or less bile, and in cases where extensive ulceration of the glands of the small intestines occurs, matter, and, at times, blood, and a slimy matter are passed off, at times with, and at others without pain. Usually as the chilliness begins to subside in the ushering in of an attack, the circulation becomes accelerated, the pulse varying in different individuals from 80 to 140 beats to the minute. Running highest in females and children, and usually highest during the first half of the sickness; and especially so in those cases that make a good recovery.

The fever during the first eight or ten days is usually commensurate with the severity of the other symptoms. But when the bowels become relaxed, the febrile heat is less intense, and as the case advances even less than the natural temperature is felt.

When a case is developing, tenderness to a greater or less degree is felt in the ilio-cæcal region, or in the umbilical or epigastric regions. And in some severe cases almost the entire abdomen is distended and tender to pressure.

In some patients the premonitory or developing stage lasts but a few days, and in others it extends over a fortnight or more. The tongue at first is usually but slightly coated, moderately moist and usually clammy, and as the cases advance, less and less moisture is seen in the mouth, till at the ninth, tenth or eleventh day the mouth is but slightly moist, and the tongue generally quite dry, and of a light brown, a brown, and in many cases almost black color, and deglutition very difficult.

Near the end of the first week, if the body of the patient is examined, a crop of pinkish or rose-colored spots of small size will be found. These usually appear first on the abdomen, and extend over the chest, back and extremities, and occasionally some of them are seen on the face. This eruption is more fully developed when the bowels are but little disturbed, and

less of it is seen on the surface when the bowels are much relaxed. It runs its course and disappears usually near the end of the second week. This eruption seems to possess no particular influence over, or controlling power in, the course or development of a case.

In patients that are much exhausted, a crop of sudamina may be seen upon the neck and upper part of the chest, and at times on other parts of the body.

Near the end of the second week and during the third, the disease is usually seen in all its severity.

The delirium which, when a marked feature of the case usually sets in near the end of the first week, and at first only on arousing from sleep, becomes more continuous as the case developes. Ringing in the ears, with hardness of hearing or absolute deafness, and blunted perception, are symptoms common to a majority of the cases.

The perception is, in many cases, so blunted that nature's wants are not comprehended by the patient, and although the teeth may be covered with blackish, stinking sordes, and the whole mouth offensive and parched, no drink is called for, and the discharges, if any, are passed off without the patient's comprehending or possibly even noticing it.

The cough, which is common to a large proportion of the cases, usually sets in during the second week, with at first but little expectoration, and is usually severer and more distressing to the patient when the bowels are but little disturbed. In many cases there is at times moderate, and at others, extreme soreness on pressing over one or both kidneys, and the urine is reduced in quantity and more or less turbid.

Cases that develope fully, seldom run a course of less than twenty-one days from the time the patient is taken down till a crisis sets in. Many cases, however, run through the entire course without manifesting any symptoms which can be looked upon as a crisis, and seem simply to wear out the morbid influences which developed the disease.

Pathology.—The special lesions which occur in Typhoid Fever are not only interesting, but are rendered highly impor-

tant from the fact that they are always present in this disease, in a greater or less degree, and occur in no other. They are the characteristics of the malady. Their nature cannot be readily explained. And while they do not constitute the disease, they sustain to it a fixed pathological relation, and are not lesions merely contingent or incidental to it, but are as constant as the eruption in Small Pox or the false membrane in Diphtheria. The more constant and well defined appearances observed in those who have died of Typhoid Fever, are the changes which have taken place in the glandulæ agminatæ, the solitary and mesenteric glands. Peyer's glands become enlarged, and present a greyish transparent surface dotted with dark points. As the disease progresses, the patches enlarge, ulcerate and gradually slough away, leaving irregular, ragged ulcers with thickened edges, presenting an undermined or shelving border. The sloughing takes place earliest in the Peyerian patches nearest the cæcum and progresses more or less rapidly to those above.

The process of sloughing being sometimes completed in the lowest patches before it has fairly commenced in the upper, some authors claim that the patches nearest the cæcum may take on ulceration during the first week of the disease, but it rarely occurs before the end of the second.

One of the marked features of the disease is, that the ulceration of the patches occurs successively from below upwards; from the Peyerian patches to the solitary glands, reaching the latter within the third week. The sloughing away of the mucous membrane and glandular substance frequently leaves the muscular layer of the intestines exposed at the bottom of the ulcer, rendering the intestine liable to perforation at these points.

Where recovery takes place, the excavations are clothed afresh with mucous membrane, which adheres to the tissue beneath, without causing stricture of the bowels.

The glands that have ulcerated and sloughed away are never reproduced, which, in connection with other causes may possibly account for the exemption from a second attack. The severity of the disease, and the intensity of the symptoms have

no constant relation to the number, depth and extent of the intestinal lesions.

In cases presenting symptoms of the most formidable and aggravated character, at times but few and apparently insignificant ulcerations have been found. While in cases which have run a mild course, but finally terminated fatally, very extensive lesions have been found in the Ileum.

The mesenteric glands corresponding with the intestinal lesions, are also enlarged from the presence of the same deposits which takes place in the Peyerian and solitary glands. Sloughing of the mesenteric glands is the exception. More generally the deposit is absorbed while the process of sloughing is going on within the intestine.

The Spleen is usually enlarged, of a dark color and soft consistence.

It is more frequently found altered in texture in Typhoid Fever than any other part except the glands mentioned. As similar changes in the spleen occur in other diseases, they are not characteristic of this although more or less constant.

Pneumonitis, congestion, and œdema of the lungs, ulceration of the larynx and trachea, cerebral congestion, a flaccid condition of the walls of the heart, with softening of its muscular substance, enlarged and congested kidneys, &c., are important lesions frequently met with, and are complications incidentally connected with, but are not dependent on Typhoid Fever.

Prognosis.—The mortality in Typhoid Fever, like that of other diseases, varies in different epidemics and localities as well as at different seasons of the year, in the same place and under equally favorable circumstances as to surroundings and medical treatment. The death rate is usually greatest at the commencement of an epidemic and gradually decreases with its decline. The fatality is greater among males than females, and in the cold than in the warm months. As regards age, statistics show the highest rate of mortality among males to be in those of from twenty to thirty-five years, in females from fifteen to twenty-five years. Persons of robust constitution are more liable to fall victims of this disease than those of less vigorous and more delicate frames. Under the old modes of treatment the death rate

ranged from 13 to 33 per cent. The wide range in this percentage of fatal issues may, to a certain extent, be attributable to the different seasons and localities in which they occur, and hence it is difficult to estimate the influence of difference of treatment over the result.

Death is generally attributable to complications such as pneumonitis, peritonitis, hemorrhages, or pre-existing disease of the kidneys, heart or liver. Abdominal lesions, incident to this disease, sometime lead to a fatal result. Convulsions and coma are unfavorable to recovery. A rapid and feeble pulse, continued delirium, carpologia and subsultus usually terminate fatally.

Rapid and great prostration is ominous. Persistent and debilitating diarrhœa is unfavorable. This disease occurring during gestation, abortion is the rule and death generally the result. A favorable prognosis even in mild cases should always be guarded, as serious complications may set in at any period of the disease short of complete convalesence. A profuse, warm perspiration is a safe and favorable crisis. And when a cloud, settling more and more from day to day, occurs in the urine, it may usually be considered a favorable indication.

Hygiene.—The general management, the nursing, the hygienic treatment and the diet during a case of Typhoid Fever, are of such importance that a physician, to become at all successful in treating the disease, must be thoroughly posted in these details; too often, however, we find practitioners wholly disregarding this part of the treatment, and depending on the judgment of the nurse, without giving any directions.

The physician, in the first place, should see that his patient lies on a firm bed, with linen sheets and woolen blankets. A feather bed, or comforts made of cotton batting, should never be made use of. The patient should be placed in the largest and best ventilated room in the house. He should be washed or sponged over the greater portion of his body several times a day. He should be allowed to drink cold water often, even if he has no thirst. The evacuations should be removed from the room at once. The patient should be kept perfectly quiet, and free from excitment, nor should visitors be allowed in the room.

In the first stage of the disease, as the fever continues, nothing but liquid nourishment should be given; fresh water, gum arabic, toast, rice or barley water, and weak black tea with a little cream in it. No fruit of any kind should be permitted, for fear of exciting diarrhœa, nor should solid food be forced upon the patient, as at this time he neither requires nor desires any such diet.

In the second stage, if the patient has no diarrhœa, give sago, tapioca, barley, and barley boiled down for four hours into a jelly, farina gruel, milk and water, butter-milk, stale bread with very little butter, and weak black tea. If the patient is very thirsty, beside cold water, let him wash his mouth and gargle his throat frequently with claret wine and water. When there is diarrhœa, give him toast and tea, milk toast, rice, and rice boiled down four hours into a jelly, arrow-root, flour porridge and rice-flour porridge boiled from one-half to three-quarters of an hour, made with one part of milk and two parts of water; if much thirst is complained of use claret and water, as before mentioned.

When the patient is about passing into the third stage, and in accordance with the theory of Rapou, "as soon as the eneorema in the urine has reached the bottom of the glass, and is transformed into a sandy deposit of reddish-gray, we can then recognize the approaching convalescence," and we should commence at once to give such food as beef tea, mutton broth, soups, porridges and meat gravy.

When the deposit becomes again purely sandy and begins to diminish, we should prescribe a more tonic regimen, broiled beef and mutton, broths and soups, roasted meats, a few good vegetables, ripe fruits, wine and water, and a generous diet generally, watching, however, that the patient does not gratify his ravenous appetite to excess.

TREATMENT.—We propose in giving the treatment of this disease to take the remedies alphabetically, noting their more prominent characteristic indications.

ACONITE.—Arterial system over-excited, chill, pulse full and bounding, skin hot, great thirst, headache frontal, pressing outwards, vertigo, symptoms worse on rising up.

ARNICA.—Patient stupid, apathetic condition, forgetfulness,

feels sore and bruised all over, loss of consciousness with delirium, great weakness, cannot make himself comfortable in one place, bed feels hard, sleep unrefreshing, tongue dry with brown coating in the middle, blows with lips when sleeping, trembling of under lip, epistaxis, stitches in right side, great sinking of strength.

ARSENICUM.—Face denotes anguish, is sunken and distorted, cheeks sunken and burning hot, with red spots, eyes watery or agglutinated when closed, tongue red and dry, lips dry, cracked, and dark, cold sweat on forehead, dark sordes on teeth, stammering speech almost or altogether unintelligible, intense thirst, wants water little at a time but often, drink rolls audibly passing through œsophagus, vomiting or retching, burning in stomach and bowels, bowels sensitive to pressure (with marked meteorism), especially over the ilio-cæcal region, and often in the region of the spleen, stools brownish, watery, bloody, fetid and involuntary, suppression of urine, or involuntary discharge of, voice weak, white miliary eruption, great prostration and rapid emaciation, cadaverous smell of room, worse after midnight.

BAPTISIA.—In the first stage, just as the disease begins to manifest itself, patient feels listless, don't care to go out, anxious feeling, afraid something is going to happen, but does not know what, dull, stupid headache, tongue coated brown and dry, particularly in the centre, breath fetid, falls asleep while talking, complains while lying down of not being able to go to sleep because he cannot get himself together, expression besotted.

If this remedy is promptly administered at this stage or inception of the disease, the patient breaks out into a free perspiration and convalesces rapidly.

BELLADONNA.—Disease comes on with great rapidity, the first stage hardly perceptible, face flushed and red, eyes bright and sparkling with dilated pupils, throbbing of arteries in head and neck, mouth distorted, nose and throat dry and inflamed, starting during sleep, intolerance of light or noise, delirium, tries to bite and strike attendants, tongue dry, red and cracked, brown and sometimes white in centre, tongue trembles and seems heavy on protrusion, tenderness of abdomen, feels the least jar of bed, useful where bronchitis intervenes, symptoms worse in afternoon.

BRYONIA.—Face swollen and red, lips dry, brown and cracked, tongue coated with thick, dirty, yellowish-white fur, violent stupefying headache as if he had been struck, worse on motion, feels as if going to split, delirium, speaks of events of preceding day, or of what took place before illness, desires to go home, sudden starting and vivid dreams during sleep or sleeplessness and tossing in the bed, dryness of mouth without thirst, or else thirst for large quantities of water at a time, sickness at stomach on sitting up, tenderness at pit of stomach when pressed, everything tastes bitter, constipation, stools brown, dry and look as if burnt.

CALCAREA CARBONICA.—Children and adults who are of a scrofulous diathesis, and in that aggravation of disease which precedes the eruption of the miliary rash, oppression of chest, restlessness and delirium, jerking of the limbs, short hacking cough and excessive diarrhœa, always dreams the same dream, sleeplessness.

CANTHARIS.—Useful when strangury is present, emission of bloody urine by drops, with burning in urethra during micturition, and debilitating sanguineous evacuations are present, chilliness more in the evening not relieved by heat, pulse hard, full and rapid, perspiration smelling like urine.

CARBO. VEG.—Dissolution of blood rapidly taking place, pupils do not react, eyes sunken and lustreless, face pale, sunken and cold, tongue dry, dark and tremulous, low muttering delirium, blood from mouth and nose, complete torpor, great prostration, wants air and to be fanned all the time, colliquative diarrhœa, brownish or bloody, of a cadaverous smell and involuntary, heart and lungs become paralyzed, skin blue and covered at times with cold perspiration, extremities cold.

CHINA.—When the fever has been induced by loss of fluids, marked periodicity, stools undigested, yellowish and watery, flatulence without pain, heaviness of head with ringing in the ears, weakening night sweats.

CIMICIFUGA.—In cases where the patient has been in the habit of using stimulants to any great extent, when there is susceptibility of cold affecting muscular structure, or when the patient is of a highly nervous temperament, and disposed to over exertion mentally or physically, pains in all parts of the head and body,

chilliness and no thirst after chill subsides, pains worse in back of head and lumbar region, *desires not to be left alone but is not talkative.*

COCCULUS.—Great debility and complains of headache and giddiness, tendency to syncope, prominent gastric symptoms, head and face hot, extremities cold.

COLCHICUM.—Sudden sinking of the vital forces, hippocratic countenance, nostrils black, teeth, mouth and tongue covered with sordes, cold surface, tongue and breath, mottled skin and bluish nails, abdomen distended, hard and sensitive, great thirst, intellect clouded, but answers questions correctly, stools involuntary, offensive and mixed with white flakes, urine dark and scanty or suppressed, pulse small and contracted, quick and hardly perceptible.

CUPRUM.—Apparent approach of death, thin bloody discharges from the nose, purple spots suddenly appear on the body.

GELSEMINUM.—In first stages, dull, stupid feeling, with pains in head, of uncertain character, chilly, drowsy, with tendency to closure of the eyes, restlessness at night, *can't sleep but wants to all the while*, fever without thirst, *staggering gait as if intoxicated*, diplopia.

HYOSCIAMUS.—Face dark, red and swollen, tongue red and brown, dry and cracked, lips parched, furious delirium, which continues while awake, sees absent persons, continual picking at the bedclothes, muttering with talkativeness, restlessness very great, with attempt to get out of the bed and escape, eyes sparkling red with vacant stare, twitching of limbs with subsultus tendinum, paralysis of sphincter ani and vesicæ, cadaverous smell from the mouth, grits his teeth, sometimes profuse hemorrhage from the bowels.

IGNATIA.—Sudden flashes of heat, pain in frontal region preventing opening of the eyes, choking sensation proceeding from the stomach to the throat, with oppression of the chest, empty and weak feeling in the pit of stomach, sighs and feels sad, convulsive motion of limbs with numbness of feet and legs, sleeplessness from troublesome dreams, wakes as soon as he falls asleep.

LACHESIS.—Worse in the afternoon, no relief from sweating, dropping of under jaw, tongue dry, red or black, cracked at tip and bleeding, trembles on protrusion or is caught on under teeth, and cannot be protruded, lips cracked, dry and bleeding, stupor and muttering delirium, throat sore more on left side, with deafness, cannot bear anything to come in contact externally with larynx, worse after sleep, stools very offensive whether natural or otherwise.

LYCOPODIUM.—Sopor and delirium, uses wrong words to express himself correctly, great fear of being left alone, cries out in sleep and laughs immoderately, when awake is cross, carpologia, violent jerking of limbs when awake or asleep, with screaming, sunken face, yellowish or with circumscribed redness of cheeks in the afternoon, depression of lower jaw, open mouth, slow breathing and prostration, tongue dry, coated dark red or black, with tough mucus, fan-like motion of alæ nasi, bowels disturbed with rumbling, particularly in left hypochrondria, fullness of stomach, pressing upward to throat, red sand-like sediment in urine, worse from 4 to 8 P. M., cold limbs, one foot hot the other cold.

MERCURIUS.—Generally indicated in first stages, feels weak and ill all over, so that he must lie down, swollen and bleeding gums, fetid breath, tongue flabby and indented by the teeth, intense thirst, worse during perspiration, frontal and occipital headache, dark urine, stools green, yellow, with tenesmus, bronchitis, icteroid color of the skin, worse at night and in damp weather.

MOSCHUS.—When the lungs are involved, cough ceases suddenly and lungs fill up with mucus, gurgling of water on swallowing, involuntary stool and urine, pulse weak and slow.

MURIATIC ACID.—Constant sliding down in bed, groans and moans in sleep, mutters unconsciously when awake, mouth and throat very dry, with inability to protrude the tongue, boring of head into the pillow, pulse intermits every third beat, stools and urine involuntary, profuse and watery.

NITRIC ACID.—Green, slimy, acrid stools, with severe pain, hemorrhage from the bowels and sensitiveness of abdomen, urine very offensive, sinking of strength, pulse irregular, pneumonitis, with rattling cough and breathing, brownish, bloody expectoration.

NUX VOMICA.—Early stage: Chilliness on movement, dryness on tip of tongue and front of mouth, sensitive to open air, symptoms worse after 3 A. M., irritable and cross, thirst, with aversion to water, mouth and fauces full of fetid ulcers, relief from lying down.

OPIUM.—Profound coma, with stertorous breathing, delirious talking, eyes wide open, face red and puffed up, constipation, or offensive watery diarrhœa, stools involuntary, hard, blackish balls, retention of urine, respiration labored, frothing at the mouth, snoring during respiration and inspiration, body cold, with twitching and trembling.

PHOSPHORUS.—Inflammation of lungs, dyspnœa, cough hard, dry, or loose, with rusty expectoration, mild delirium, with carpologia, lips and tongue dry, thirst for very cold drinks, which remain in the stomach for a short time, and then are thrown up, diarrhœa painless, watery, greenish or of black decomposed blood, weakness and emptiness of abdomen, worse from evening to midnight.

PHOS. ACID.—Indifferent and apathetic, desires not to talk, answers slowly when questioned, stupid expression of face, fixed look, hollow, glassy eyes, epistaxis, rumbling in bowels and distention of abdomen, painless, watery, grayish diarrhœa, delirium, perspiration on back of head and neck, cold and clammy, tips of fingers, feet and abdomen cold, while head is hot, pulse frequent, feeble and intermittent.

PULSATILLA.—Gastric disturbance, febrile heat in bed at night, with chilliness on lifting the clothes, bad taste in mouth in the morning, and tongue coated, without thirst, putrid taste in mouth, with inclination to vomit, better in the open air, worse in a warm room and at night.

RHUS TOX.—Depressed and desponding, anxious and harrassed by cares, lonesome, and often weeping, trembling and restlessnes very great, sinking of the vital forces, fear of being poisoned, blue circle about the eyes, with redness and swelling of face, lips dry, covered with brown crusts, tongue dry, smooth, and red on tip, delirium, muttering and talking to himself, headache, worse from opening and moving the eyes, stoppage of ears with hardness of hearing, oppression of chest, with dry cough, or with

tough and bloody expectoration, pains in limbs, worse during rest, involuntary alvine discharges during sleep, with great exhaustion, stools sometimes profuse, watery, or sanguineous, restless sleep, with frightful dreams, thirst for large quantities of water, worse at night, particularly after midnight.

STRAMONIUM.—Loss of consciousness, with involuntary movements, constant talking and jerking of the head up from the pillow, loss of sight, hearing and speech, wants to get out of bed, delirious, tongue brown and dry on the centre, lips sore and cracked, sordes on the teeth, stools smell like carrion, blackish diarrhœa every hour, no thirst, although the mouth is very dry, urine suppressed, or copious and involuntary.

SULPHUR.—Patient of psoric taint, or when the properly chosen remedy does not seem to act, burning heat and fulness on top of head, extremities cold, pale, sickly aspect, bright red lips, bleeding from the nose, teeth and gums, breath foul, great thirst, tongue dry and brown, sleepy in the daytime and wakeful at night, diarrhœa worse early in the morning, great prostration after stool, offensive urine, weakness, with tendency to faint, talks in sleep.

ZINCUM.—Loss of consciousness, does not recognize any one, delirious, eyes staring, lies on back and sinks down in bed, subsultus tendium, carpologia, moves hands about as if feeling for something, trembling of hands, coldness of extremities, pulse small and intermitting, impending paralysis of the brain.

CLINICAL CASES.

BY WM. D. HALL, M. D., CARLISLE.

Mrs. M., second pregnancy.—During her first pregnancy suffered, the entire term of gestation, from "morning sickness," which caused great emaciation and debility. At confinement chloroform was administered by the medical attendant. Delivery was slow, and recovery delayed. When the second pregnancy began she suffered again with the same "morning sickness," but in a more aggravated form. Some days the vomiting was ter-

rible, and on one particular day she vomited *twenty-seven* times. Had prescribed (without seeing the patient) Puls. Ign. Ipecac., Nux vomica, and other remedies, without the least benefit. On the day after vomiting twenty-seven times, I was called to visit the patient, whom I found suffering from a severe attack of neuralgia in and about the left temple. Considering the neuralgia the most important, and the last to appear of the diseased conditions, I directed my attention to its cure. The pain was described as though "a bee" stung her on the temple every few minutes. This was the only symptom I could get from the patient, as she was suffering from intense pain. I gave her twelve powders of Apis mel., to be taken one hour apart. After taking the first powder the neuralgia became *better*, and the vomiting *ceased entirely* from that time. Her after health was good. Labor lasting but one hour, and recovery rapid. Query: Did Apis cure the vomiting?

Mrs. S., æt. 48. Indolent ulcer on the right leg. Had been under "Allopathic hands" for a year; using washes of sulphate of copper, sulphate of zinc, sugar of lead, &c. Ulcer had at last been *dried up*, and patient discharged *as cured*. On taking cold, a few weeks after, her entire foot and ankle broke out into small ulcers, resembling the original sore. She had great pain in the ulcer, itching of her feet and ankles, which was almost unbearable. On examination, found the old sore very *blue* in appearance. Her leg was *worse after sleeping*, and always *better from warmth*. I gave her twelve powders, numbered, the last containing a few pellets of Lachesis, 2c. Jenichen, and also a dose of Lachesis on the tongue, and directions to take a powder every night on going to bed. In two weeks she presented herself as improving, but said the second day after taking the powders *the itching began to increase*, and nearly drove her frantic. This was, without doubt, a medicinal aggravation, so I prescribed another package of sac lac. Six weeks passed before I again saw my patient, when she said her leg was entirely cured. Nearly a year has passed, and this lady has had no return of her troubles.

Benjamin R., æt. 18. Scrofulous ophthalmia from birth.—Had been almost constantly under treatment for a period of fifteen

years. Both eyes were affected, left eye the most, and presented the appearance of a piece of fresh *raw beef*, and bore no resemblance whatever to an eye, being very much enlarged, and protruding from its place. The right eye was also sympathetically affected. With the left eye could *see nothing* by daylight; could see a candle burning at night. Sight of the right eye was good. He said the eye felt as if full of *sand;* and when looking at candlelight, there was *a green halo around the light.* These symptoms, with the *scrofulous diathesis* of the patient, induced me to begin the treatment of the case with Sulphur 6^{m}, little thinking that one dose would cure the case. He remained under my care three months; received nothing but one dose of Sulphur $6^{m.}$ and sac lac, until at the expiration of that, when he was discharged, cured, which was in 1867. He has had no trouble with his eyes since that time, and his general health has been good. The sight of the left eye was completely restored.

Fulmer D., æt. about 45. Palpitation of the heart.—His physician, an Allopath, had treated him without success. Becoming worse, he advised him to sell his farm, give up all business, and —"prepare to die." The patient concluded to die, "*if he must die,*" under Homœopathy, and so told his medical attendant, who, becoming angry with his patient, they both quarreled, and the patient found himself completely prostrated from the excitement. When called to him, he presented the following condition: Breathing heavy and difficult; face waxy pale; face and head bathed in perspiration, and running off in little streams; violent palpitation of the heart; lower extremities cold, so much so that all summer he had slept with a feather bed over them, while his body was always bathed in perspiration, especially so with the head. Had a great deal of *vertigo on going up stairs, or up a hill; bloating in the region of the stomach, compelling him to open his clothing; appetite poor, with an aversion to meat and a craving for boiled eggs.* Here was presented a perfect case of Calc. carb., which I prescribed in the $6^{m.}$ potency, in water, a dose three times a day, which was continued for three weeks; then three times a day on alternate days for two weeks, when the patient was discharged, cured. Five years have passed, and there has been no return of the disease. When treating this case I had no know-

ledge of high potencies, and my only regret has been the fact of repeating the dose so often, when I might have accomplished the same results with *one* dose.

A high dilutionist, to whom I repeated, with great pride, my success with the high potency of Calc. carb. in this case, placed a decided damper on my good feelings, by exclaiming, with apparent great astonishment, "My goodness, it's a wonder you did not kill the man, by giving him so much medicine."

CLINICAL CASES.

BY W. M. WILLIAMSON, M. D., PHILADELPHIA.

Selenium in Nocturnal Emissions.

B. H. B., age twenty-five, height 5 feet 9 inches, weight 135 pounds.

Temperament, sanguine.

Single.

Occupation, traveling salesman, south and west.

General health, good.

Emissions followed by prostration.

Emission three nights in succession, large in quantity, and very sticky.

Spermatic cord full and knotty before emissions.

Right testicle lower in the scrotum than the left one.

Less fulness in the cord, and no knots after an emission.

Shooting pains through the right testicle, and up the cord of that side.

Emissions generally take place before daylight, and seldom awake him.

Has always been more or less subject to headache.

Sleep is restless, and unrefreshing.

Dreams are unpleasant, in trouble, sees naked women.

Perspiration of scrotum, emits an unpleasant, fleshy odor, after sleep; is not noticeable through the day.

Constant accumulation of sticky smegma, but not acrid.

Discontented. Low spirited.

Selenium cured. Staphysagria controlled the emission.

Commenced treatment, August, 1868.

Aurum muriaticum in Ozoena.

Mrs. M. M. T., aged thirty; height, 5 feet 1 inch, weight, 115 pounds.

Married; two living children.

Temperament, bilious.

Has frequent attacks of sneezing.

Left nostril sensitive, subject to small, painful sores inside.

Blows out blood occasionally.

Headache a good deal of the time.

Constipation, hemorrhoids internal, protrude during an evacuation of the bowels, but soon return of themselves without bleeding.

She says that in the morning mucus passes from her head to throat.

Aurum muriaticum cured.

Commenced treatment, June, 1867.

Cinchona in Quinine Poisoning.

S. G., aged twenty-seven; height, 5 feet 11 inches; weight, 150 pounds.

Temperament, nervous.

Single.

Officer in regular Army.

In 1864 and 1865, while stationed in Arkansas, had chills and fever, fall and spring, of the quotidian type.

Accession, 10 A. M.

Duration, two hours.

Fever, from three to four hours.

Perspiration during fever, and afterwards.

Thirst came on before chill, worse during chill.

Headache during fever, but goes off before the perspiration ceases.

No vomiting or sick stomach at any time.

Attack would last about three weeks, pass off, and then return.

Took (nothing but) Quiniæ sul. every three or four hours; frequently ten grains at a dose.

The Quiniæ produced a kind of intoxication.

Giddiness in the head, ringing in the head, roaring in left ear. Ringing in left ear continued.

In 1866 and 1867 was stationed in New Mexico, and Rocky Mountains, at Forts Bascom and Union.

Still had a ringing in left ear.

Had several attacks very similar, but of shorter duration.

Took Quiniæ sul.

In 1868, while on leave, in Harrisburg, had an attack, which lasted two weeks. Took Quiniæ sul. Ringing in left ear continues.

Has had neuralgia in face and head since last attack of chills.

March 9, 1869. Had a chill, 10 o'clock A. M., preceded by pain in back and right side, with confusing headache.

Chill lasted one hour.

Fever followed, lasting two hours, without any perspiration at all.

Thirst came on during chill, but much worse during fever.

Water did not taste right.

Headache returned, during the fever, of a bursting character, and lasted five hours afterwards.

Cinch. cured; took no other remedy. Up to this time has had no return of the symptoms; ringing in the ear and neuralgia all gone.

September, 1871.

CLINICAL OBSERVATIONS ON CERTAIN REMEDIES.

BY W. M. WILLIAMSON, M. D., PHILADELPHIA.

(Continued from page 187, *Transactions* of 1871.)

Kali carb. Violent colicky pain in the abdomen, cramps before menses appear, constipation during the menses.

Ledum pal. Itching of the top of the feet and ankles at night.

Kreasote. Leucorrhœa, stains the clothing yellow, and stiffens like starch.

Colocynthis. Tumefaction of the prepuce in phimosis and paraphimosis.

Angustura, (Moore). Sharp, cutting pain starting just beneath the right scapula, extending to the right breast about the nipple.

Verbascum thap. (Jeanes). Painful coryza of the frontal sinuses, with hot, burning, profuse lachrymation.

Capsicum. Painful swelling of the mastoid process.

Elaterium. Yawning, stretching, chilliness.

Coral. r. Crowing during inspiration in Whooping Cough.

Plumb. ac. Paralysis of the lower limbs.

Apium virus. Swelling of the eyelids in the eruptive stage of small-pox.

Arsen. alb. Swelling of the cheeks as the vesicles are filling in small-pox.

Stramonium. Entire swelling of the face before the formation of vesicles, with muttering delirium, in small-pox.

Mezereum. Heavy, dull aching in the lower limbs on approaching damp or wet weather, in secondary syphilis.

Teucrium marum v. Nasal catarrh of both nostrils, discharge in green masses.

Berberis vulgaris. Violent pain in the bladder, extending the entire length of the urethra, passes frequently small quantities of very pale urine, increases by motion.

Cistus canadensis. Small painful pimples which bleed easily and heal slowly, across the shoulder and on the breast.

Dolichos pruriens. Dry, tettery eruptions on the arms and limbs resembling Zona.

Iris versicolor. Neuralgia and Rheumatism of the uterus.

Eupatorium perfoliatum. Sick stomach the evening before the chill day, vomiting between the chill and fever.

Viola tricolor. Tinea capitis, with frequent involuntary urination.

NATURAL COW-POX—ITS PROPAGATION—VACCINATION THEREFROM.

BY BUSHROD W. JAMES, M. D., PHILADELPHIA.

Taking for granted two things, first, that small-pox is a *contagious* disease, which some physicians attempt to deny, second, that it *can be prevented* by vaccination from a genuine article of cow-pox virus, or even human vaccine virus, if it has not become deteriorated into a non-protective or spurious virus, another statement which some medical men also reject, late experience has fully confirmed my views on these points.

We will note some facts regarding the kine-pox that originates in the cow, or which can be communicated to her from the disease known as the horse-pox, or scratchey heel in the horse.

We will not enter into the subject of dispute, whether the variolation of the cow with small-pox virus, and the lymph from this variolation transmitted to the human family, is a reliable source of supply or not for protecting against small-pox. Some experimenters claim to have obtained a virus in this way, that does not produce anything but the ordinary symptoms of vaccination, while others state that they have produced numerous cases of small-pox by using that kind of virus.

We have not used such a questionable article, and think it unwise to resort to it, when the real natural cow-pox virus can be procured. The real cow-pox we believe to be a distinct disease, and not a variolation of the cow.

It is well to notice, just here, that there are two diseases, one of them called, by farriers, by the name of "grease," and the other being the "Aphtha Epizootica," which resemble this horse-pox, and are often mistaken for the real disease, which appears to correspond in the horse to the cow-pox in kine.

The real horse-pox makes a pustule on the horse quite like the cow-pox on the cow, but occurs among the hair, and hence the hair stands up in little pencils or tufts where the vesicles occur, and thus the name "scratchey heel" has been given it. By

clipping and shaving the horse's heel, the peculiar vesicles can be seen and distinguished. Farriers have called each disease "grease," by reason of not knowing how to distinguish them, and thus they have confused the names. The transmitting of this horse-pox to the cow produces the real cow-pox, and the operation is termed equination.

The cow-pox also occurs spontaneously in the cow, and the kind that I have been propagating recently is of this form, brought down from the French Beaugency stock, obtained from the natural disease, as it prevailed there among cattle in 1866, and transmitted by Dr. Martin, of Boston.

As to its protective virtues, I can say that I have repeatedly tried it in families where a case of small-pox had broken out, and upon the other members being vaccinated or re-vaccinated with it no other member of the family became affected with the variola. During all the epidemic in Philadelphia, in 1871, I never had nor heard of any case that took the cow-pox vaccination from this supply that afterwards became affected with variola. But I did frequently hear of persons being seized with the latter, and some cases proved fatal, after having sore arms from human vaccine crust. Doubtless the inflamed arms were produced by the spurious virus.

Spurious and genuine vaccinations are equally distinguishable. Spurious virus is that which has been transmitted a long time through human systems, with varied diatheses and temperaments, and probably in some of which chronic diseases may have existed to modify or change the character of the vaccine disease. The cow-pox also may become changed into a non-protecting kind, if due care is not exercised in selecting the best and most characteristic vesicles for propagating from. Some individual animals seem to modify this virus the same as some human systems change the vaccine virus. How are we to know the spurious case of vaccination, then, from the genuine? The genuine disease runs this course: after the virus is inserted, but a very slight redness from the scratches or punctures is all that is seen until the third or fourth day; the incisions crust over and become dry, as though entirely healed, until about the third day, when the spot begins to inflame, and assumes a more reddened appear-

ance, and gradually becomes elevated, forming, in the following three or four days, the vaccine pimple, which increases in size until about the eighth or ninth day, usually, by which time a red areola has formed around it and becomes hardened.

This areola varies in size in different individuals, and I have often seen it in susceptible temperaments extend all around the arm, and from the elbow to the shoulder, and almost amounting to an erysipelas. A day or two later, the vesicle, after having on the ninth day presented a white, silvery pustule, with a circular rim and hollow or flattened centre, begins to dry, and becomes brown, the centre being the first to exhibit it. A crust soon forms, which assumes a dark mahogany color. The crust, if it be a vaccine crust, generally drops about the fourteenth or sixteenth day, while, if it be cow-pox, the crust usually adheres for nearly twenty-one days, or longer. The hollow or flattened centre of the vesicle, and shining, silvery ridge or edge, and the areola about the ninth day, and the regular progress of the papule from about the third day, determines the regular, good vaccination.

The signs of the *spurious* vaccinations are these: the vaccinated spot begins to inflame almost immediately, on the first or second day, and in two or three days afterwards it is very sore, and apparently at its height; the pustule is rather convex, instead of round, and is full in the centre, or somewhat cone-shaped, instead of depressed or flattened; it has little or no elevated rim and no silvery lustre. This rounded or pointed pustule soon assumes a yellowish or dirty-colored surface on top, and most generally bursts, and exudes a yellowish or pus-like exudation, which usually dries around and on the vesicle. It may, however, spread over the skin, and excoriate, and produce sundry sores. This all results before the ninth day, and it is by that time drying up, or so far dried that the crust will soon drop. Should it assume the ulcerated form, an angry looking spot will be found, secreting an ichorous fluid.

In re-vaccinations, where the system is partially protected by the former vaccination, the violence of the symptoms are much modified, and there may be the absence of areola and of the shining ridge on top of the vesicle; but the slight inflammation

that may result in these cases commences about the third day and declines about the ninth. If the vaccine protection has been exhausted from the system, then the re-vaccination with genuine cow.pox virus runs its course, as if no vaccination had ever been previously produced.

The opposition of some medical men to the use of cow-pox virus, upon the ground that the symptoms are more severe than from vaccine virus, is ridiculous, for this is the standard mark of a good protective vaccination, and the more feeble the symptoms, and the more they deviate from this cow-pox standard, the shorter lived is the vaccination likely to be, and the less protective.

There is no more danger from the symptoms of cow-pox vaccinations than those that result from human virus, and the larger areola and vesicle, and greater swelling of the arm, are of no special consequence where a matter of certainty and of purity of virus is involved. We have noticed, in many instances, that cases which have resisted several efforts to procure a re-vaccination from human crust, readily take, and have a characteristic vaccination from an insertion of fresh, active, genuine cow-pox virus of our own remove from the animal. The mode of inserting the virus in the arm, which I find answers a better purpose than the insertions from the numerous "vaccinators," or instruments for throwing the virus under the skin, is the manner suggested by Dr. E. C. Seaton, in his "Handbook of Vaccination"—that of making several slight scratches on the skin with a lance, and then making several other incisions or scratches directly across these, at right angles, or even at an acute angle, and then rubbing the virus of the charged spatula upon these incisions. If lymph is used, put the lymph on the skin, and make the incisions through it into the dermoid tissue.

The-cow pox virus is much more easily spoiled in collecting and storing it for use than the human virus, and herein lies the many slanders against its usefulness by those who have either procured a spoiled article of cow-pox virus, or, by getting it too warm or too moist after obtaining it, thus impair its virtue themselves, and condemn it because they obtain no result from it. Cold does not, as far as I have been able to observe, injure its inoculating power, as having myself removed it the coldest days this

winter, and conveyed it in the bitter cold, frosty, open air from the stable to my residence, and yet obtained just as good vaccinations from it as from any other. But heat will speedily spoil it, especially if moisture is also present. It should never be allowed to get up to a temperature of 90° Fahrenheit, nor should it be exposed much to the sun or constant light.

Never carry virus in the vest pocket or anywhere about the body where warmth and moisture will affect it.

If the virus be collected on ivory spatulas, it will generally keep good and active only from seven to ten days, although I have known it to take two weeks after being collected, if it is immediately wrapped up in cotton and then enclosed with paper or thin rubber, or some such material, and then kept in a cool place. It is rather uncertain in its action, however, after being preserved for more than a week.

If collected in capillary tubes as lymph, the cow-pox will retain its power in a cold place for several months, but when the tube is once broken it is best to use it all the same day, as it soon spoils after being exposed to the air, even though you reseal the tube with wax or other material.

The crusts from the cow are quite as good as the spatulas charged with the lymph, provided the pock has not been broken or the lymph extracted before the crust hardens. It does not keep as long as vaccine crust from the arm, however. Their uncertainty consists simply in not knowing whether or not the animal has not previously broken the pock from which it has been formed and removed. For I have found some crusts possessed of virus, and others not, that have come from the same animal.

There was one animal, an old milch cow, which was "dry" at the time of vaccinating her with reliable cow-pox, that produced spurious virus from the genuine that I inserted. I vaccinated the udder freely and obtained some fine looking vesicles, from which I removed the lymph on the week following the inoculation, but never obtained a successful vaccination therefrom, nor did the crusts prove of any more value; and another cow vaccinated from her direct did not take; consequently I have always vaccinated heifers since that time, and those that I have

obtained the greatest quantity and the most active virus from, have been heifers about one year old and those pregnant with their first calf.

Propagation of Cow-Pox—None of the lower animals produce the proper kind of virus equal to kine, while some animals will not take the vaccine disease at all. In selecting heifers, then, next to healthy, unblemished animals, it is important to take such as have well developed udders with soft good-sized teats, for these parts are the most satisfactory to obtain your supply of lymph from; the teats producing the finest vesicles, and especially at their base. Those that result on the udder among the roots of hair, although it has been shaven, do not give as clear lymph and as free from tenacity and viscidity as the pocks that occur on the teats, and therefore it is not so easily tubed; although for collecting on the ivory spatulas it is quite as good and has the same power.

In regard to the mode of inserting the virus in the cow, I have tried several plans, such as making a series of long incisions from the top to the base of the teat, and running the lymph all along the cuts. Then I have tried making a larger number of small abrasions all around and along the teats and udder; then scraping off the skin here and there in spots, &c.; but the best plan is that of making special marks the same as I suggested above for vaccinating into the human arm, only instead of making three or four as in man, they may be freely dotted over the surface in larger numbers.

The best time to collect the lymph is just a week after inserting the virus, although in some animals (exceptional cases, however,) the lymph will be most copious a day or two later. The most active lymph for transmission, I find, is that removed on the day stated.

In collecting on spatulas, run your lance around the silvery, shining edge of the vesicle, and, as the lymph exudes, press the pointed end of the smooth splint of ivory in under the soft edge of the pellicle of skin that covers the centre of the pock, and when you find both sides of the end of that ivory point are sufficiently moistened, lay it away on a little rack or on two parallel straws, previously prepared, to dry. Some vesicles will not

yield more than enough lymph to moisten over eight or ten of these small spatulas, while from others it will ooze out long enough, and in sufficient quantity, to moisten fifty or seventy-five, especially if the pock is large, and the animal has taken the disease well.

To collect the lymph in capillary tubes is not so easily accomplished. Having your fine capillary tubes all prepared, of a standard calibre or bore, and from two to three inches in length, you wait, after opening the vesicle, until a drop of lymph has oozed out, and then dip one end of the tube in the drop, when it will instantly run up by capillary attraction, but it will not entirely fill it, which is all the better, as you wish not to heat any portion of the lymph in sealing up the tube.

When all the lymph that will run up is in the tube, take it in your hand and turn the other end down at an angle, and if it does not run down itself, give the hand a slight jar, and the lymph will be pushed along in the tube, so that both ends will be clear of the fluid, and then it is ready for sealing. Have an alcohol lamp ready, also some ice, or ice-water, or snow in a bowl beside you, hold the finger and thumb, with which you are going to grasp the tube, a moment in the ice-water, or against the ice or snow, then take hold of the tube close up to one end, and hold that end in the flame of the lighted alcohol lamp until you see it is sealed over, which is done instantly. Then serve the other end of the tube in the same way. Pack the tubes, when sealed, away in a small box with raw cotton, and keep them in a cool, dark place. The object of chilling the finger ends, is to prevent the heat, in sealing, from running up the tube to the lymph. The lymph, secured in this manner, will keep a long time. It is best to have an assistant to seal the tubes while you collect the lymph yourself, as it oozes out slowly, and sometimes you have to squeeze the pock between the thumb and finger of the other hand, or with a pair of curved forceps to accelerate its flow; but care must be exercised in this event that you do not squeeze out blood, for that does not contain virus, although sometimes a little blood becomes mixed with the virus and shows on the spatulas; but it does not seem to impair the virus when there is but a trifle of blood mingled with it.

Another way of collecting the virus for tubing is, to have a minute vial, and then, on a narrow spatula, collect the lymph from the vesicle, and transfer it to the vial, and when you have exhausted the supply from all the vesicles, dip your capillaries one by one, into the little vial, and seal them up as above described. The lymph should not be exposed to the air a great while before being tubed up.

As to securing the animal while vaccinating and collecting the lymph, almost any one will have ingenuity enough to adopt a plan of his own. One of the New York dispensaries (Allopathic) secures them to a sort of table, with its four legs looking upwards, in which the animal is in some way fastened and kept on its back, and its feet, or hind feet at least, are suspended in the air by rope and pulley, thus leaving the udder looking upwards and easy of access. By buckling a strap on each front ankle of the heifer, and then putting long noose straps or ropes on each hind foot, and slipping the straps through those around the front legs, all four feet can be drawn together, and the animal thrown upon its side upon a soft bed of straw and the feet secured and head held down while you are operating on it, if you should not possess other conveniences for securing it.

Dr. Martin has a table, we have been informed, with a sort of drop leaf, to which the animal is fastened while standing, and it is then turned over in some manner on its side, when the subdivision of the table is raised up on its supports for use, and then by letting this part of the table down again when the animal is done with, the heifer again stands on its feet and is unloosed; but I have never seen any of his apparatus or arrangements, nor have I sought to ascertain them, since he unprofessionally declined me the information before I entered upon the propagation of kine virus for my own use,

The heifer should be well fed and watered and cared for after being vaccinated with the cow-pox, until after the lymph is secured.

In selecting animals through which to propagate the virus, only such as exhibit a vigorous, healthy constitution, and are in perfect health should be used. Old animals, or lean, dirty,

moping, inanimate heifers, or those exhibiting any symptoms or trace of disease should by no means ever be taken for such purpose.

Human Vaccinations.

My experience with the vaccinations with cow-pox virus during the recent epidemic of small-pox in Philadelphia is, that no case that "took" the vaccination became affected with variola, although I have been informed by a large number of those who were thus protected, that they have been exposed to the small-pox contagion subsequently.

Unvaccinated cases invariably took from the cow-pox, although rare cases would resist three or four insertions of the virus. I believe every member of the human family will take the vaccination at least once, provided pure, reliable, active virus is used, and it is properly inserted in the skin, and successive efforts are made.

Frequently, cases that resisted several successful vaccinations with human crust "took" the cow-pox readily on first trial.

My average success in re-vaccinations with cow-pox in those from whom I have heard from after vaccinating them, has been three-fourths. That is, the distinctive regular vaccine symptoms resulted in that proportion.

Dr. Mahlon M. Walker's Experience.

Dr. Walker, of Germantown, writes me under date of April 10, 1872, the results of his experience with vaccinations with cow-pox virus. He says: Out of over 600 vaccinations, I have had but four cases where they took varioloid afterwards. These were children not previously vaccinated, and were attended to after some member of the family was covered with variola.

In one family the father had eight varioloid pimples on him, the children, aged two and a half years and one and a quarter years, were vaccinated in three places; the elder of the two broke out in about a week with a hundred or more varioloid

pustules. The vaccination was successful in three places on each, and after crusts of variola had dropped, the vaccine crusts came off at the usual time, about four weeks from time of vaccination,

The younger child escaped, although it remained in the room with the father and brother during both their attacks. I attended the mother of two children, a few weeks ago, who had varioloid, the pimples being one to every square inch of surface of body and face. I vaccinated her two children, aged four years and eighteen months, respectively. The vaccinations "took" successfully on each in two places. The elder broke out in seven days with varioloid, had probably fifty pustules.

The younger broke out in twelve days with a hundred or more pustules. The vaccine crusts are still on them, three weeks having elapsed since. All these recovered without leaving any perceptible scars.

The fourth case was a child two years old, sister had small-pox severely, child and other members of the family were vaccinated, and took successfully except the baby. It had pneumonia and whooping cough, when vaccinated. In ten days broke out with small-pox, vaccination was not successful. Was completely covered with eruption and died in ten days. This is the only case I have lost, having had cases since October about sixteen in number. After vaccinating over six hundred people, I was vaccinated. Had varioloid severely three years before. My arm became sore, two well defined vesicles appeared, causing temporarily an enlargement of an axillary gland. The crust that came off in two weeks, was as perfect as on many who have never been previously vaccinated.

The following is the result of one hundred and twenty-eight vaccinations performed during the month of January, 1872, with cow-pox virus of my own raising, one hundred and twenty-four were adults, who had been vaccinated in childhood, four were infants not previously vaccinated. The latter were successfully vaccinated with one trial.

One hundred adults proved successful with one attempt.

Fifteen adults result unknown.

Nine failures occurred with first trial.

Of these, five proved successful the fourth time, and four declined, having been successfully vaccinated or had varioloid within eight years. None of the one hundred and twenty-eight have had varioloid since that I know of.

Dr. R. C. Smedley's Experience.

The following note from Dr. Robert C. Smedley, of West Chester, concerning inoculation of kine is worthy of mention:

"I inoculated a heifer last winter during the prevalence of small-pox with matter taken directly from the small-pox pustule. It took well, and from the crusts thus obtained, I vaccinated many children and grown persons.

Those who took the vaccination had no eruptions resulting from it, and the vaccination run its course as usual. To test its efficacy and reliability as far as I could, I vaccinated all with other and reliable matter that did not take with this, but not one took the revaccination, and not one who either did or did not take the vaccination from the cow-pox thus obtained has taken small pox."

ON THE TREATMENT OF SCARLATINA.

BY J. H. P. FROST, M. D., DANVILLE.

In the following paper reference is made only to the higher grades of scarlet fever, whether of the miliary or smooth variety, principally to the former, which is the more common and fatal.* Some years ago we published an article on Fever in general, considered as a reaction.† For our present purpose, scarlatina may be defined, in common with other eruptive fevers, and with some intermittents, for instance, which are not eruptive, as a particular reaction against a specific poison in the system. When

* Dr. D. P. Wells gives, in volumes iv, v and vi of the American Homœopathic Review, New York, (copies of which may still be obtained of the publisher, J. T. S. Smith & Sons, 107 Fourth Avenue,) an elaborate account of the homœopathic treatment of scarlatina. These papers will richly repay the price of all these volumes, by the invaluable aid they render in a single case.

† Phil. Hom. Med. Jour., 1858.

proving fatal, this poison destroys life in one of three ways—direct, indirect, or remote. In the first, the vital powers are immediately overcome, reaction is impossible; there is no eruption, and the patient sinks. In the second, indirect, life is exhausted by the extraordinary violence of the reaction itself, or cut short by the destruction of important internal tissues upon which it is mainly expended. In the third, or remote way, the patient survives the ordeal of the primary affection only to yield to secondary disorders—forms of acute scrofulosis—which successively spring up after the decadence of the original fever.

When the fatal result anticipates the eruption, the preceding coma and convulsions show that the nervous centre, instead of the external surface, has become the seat of the disease. When the exanthem is already coming out, the active purgation employed by many practitioners, whose zeal outruns their knowledge, tends to prevent the salutary evolution upon the skin, and substitutes a fatal development upon the mucous membrane of the gastro-enteric canal. A similar result follows the thorough emesis enjoined by the original Thomsonian and more recent Botanic schools. Such ill-advised interference neither eliminates the *materies morbi* from the system.* nor allows nature to do her own work in her own way. The consequence may easily be imagined: equally with the fever the life forces are reduced, and if the primary disorder is survived, the secondary affections either terminate fatally or result in otorrhœa, dysecoia, or other maladies.

In those—principally infants and young children—who, in obstetric language, "die undelivered," it is evident that there would have been a much greater chance of saving life, could the eruption have been brought out.—In those cases which, under skilful treatment of either school, prove fatal in the primary disorder, it is manifest that life might have been preserved could the violence of the reaction have been moderated, and the reaction itself more entirely expended upon the external surface, to the relief of interior organs whose destruction renders death inevitable. As to those cases which are jeopardized by secondary

* This form of expression is used as a matter of convenience—as we say, *the sun rises*—without affirming its actual correctness.

and even tertiary (scrofulous) affections, long after the primary fever has subsided, it is believed that their gravity is proportionate to the intensity or imperfect external development of the original disease; and that if this latter could have been rendered less violent, or more fully developed upon the skin, the *sequelæ* would have been less dangerous and severe.

These considerations suggest the *desiderata* in the treatment of malignant scarlatina:

I. To bring out the eruption when Nature fails.

II. By moderating the violence of the febrile reaction, and securing the gradual and complete evolution, the normal continuance and decline of the critical exanthem, to avoid the ulcerative destruction of internal organs, prevent retrocession of the eruption and fatal metastasis to the gastro-enteric canal or brain, and render less severe and dangerous the secondary affections.

III. The radical cure of the secondary and tertiary (Psoric) forms of disease which succeed the primary disorder. This latter indication, subjoined for the sake of completing the list, does not come within the scope of the present paper.

The common allopathic treatment of scarlatina maligna may be regarded as inefficient; so it is confessed to me by respectable physicians of that school. "For scarlet fever proper," says Sir William Jenner, physician to the Prince of Wales, "for the poisoned condition of the system, so far as I know, *we have no remedy!*"* It is not to be wondered, then, that the mortality is always very great, and that in some instances whole families are swept away. There is no definitely settled method of practice; the means employed by many are regarded as positively injurious by numerous other and more intelligent members of the profession.

"The nitrate of silver," for instance, "has been tried by every practitioner in the country, and is now justly denounced by thousands of the observing and thoughtful." So writes a physician eminent in the Old School.† But he might have added that the application of this caustic to the fauces of scarlatina patients, to which he had reference, is still relied on by tens of thousands of

* London Lancet, Jan. 8, 1870.

† Hiram Corson, M. D., Conshohocken, Pa.—Med. & Surg. Rep., Philada., vol. xxv, No. 8.

his brethren; still advised by many of the highest authorities. *Eberle* recommends it; and Tanner, in his more recent practice, still does the same. "If sloughing or ulceration occur," says Dr. Bennett, "the nitrate of silver is often necessary."* Copland advises: "In the most severe and malignant affections of the throat and fauces, the application of a strong solution of nitrate of silver—20 to 30 grains to the ounce."† With this Dr. G. B. Wood coincides.‡ Hebra says, "should the enlargement of the tonsils increase rapidly, nitrate of silver, either in solid form or in solution, may be applied with great advantage."|| Niemeyer recommends to touch the ulcers daily with a solution of 30 grains to the ounce.§ *Trousseau* is honest and outspoken; he says, "I have cauterized with *nitrate of silver* (and other things), and I declare that they have all frequently failed to produce any beneficial results in the sore throats of malignant scarlatina."¶

This various testimony well illustrates the blundering, unprincipled practice of the Old School. Nitrate of Silver, as a local application, is undoubtedly curative, of such local inflammation and ulceration as it causes; but it cannot remove the ulceration and sloughing consequent upon a morbid state of the whole system, any further than it improves that general state. And if it could, its successful application would be as fatal as its present unsuccessful use is distinctive.

The same incapacity of recognizing the true nature of the means they employ, is seen in the use by the allopaths of *cold* and *warm water* in the treatment of Scarlatina. Water, either hot or cold, may be *pathogenetic* or *therapeutic*, *antipathic* or *homœopathic*, according to its mode of application and the condition of the patient. Dr. Currie, an English physician, who

* Clinical Lectures, by J. H. Bennet, M. D., New York, 1870, p. 955.

† "Dictionary of Practical Medicine," by Jos. Copland, M. D., New York, 1859; vol. iii, p. 758.

‡ "Practice of Medicine," by Geo. B. Wood, M. D., Philada., 1855, vol. i, p. 426.

|| "Diseases of the Skin, including the Exanthema," by Ferdinand Hebra, M. D., New Sydenham Society, London, 1866; vol. i, p. 225.

§ "Practical Medicine," by Dr. Felix von Niemeyer, New York, 1870; vol. ii, p. 543.

¶ "Lectures on Clinical Medicine," by A. Trousseau, New Sydenham Society, London, 1869; vol. ii, p. 207.

flourished about the close of the last century, was the first to introduce and successfully employ *cold* water in Scarlet Fever. We give his method in full, since it is referred to by subsequent writers, by many of whom it is recommended in a much milder form, and since, of late years, it has been revived and even more vigorously practised.

Dr. Currie first published an account of his method A. D. 1797, "He was then of opinion that the *affusion of cold water extinguishes incipient Scarlatina*, preventing the eruption and curing the patient radically. He also recommended the affusions to be made only in the early stage of the disease, and if at a later period, then only if the skin was dry, and the heat greater than natural. He considered cold affusions to be especially applicable to the forming stage of the more sthenic forms of the malady, when the heat of the skin is intense (105° to 112°, Fahrenheit), and attended with a great sensibility and a bright red flushing over the whole body, with some stiffness of the neck, hoarseness of the voice and rawness of the throat. When called in at this period, his plan was to strip the patient and dash four or five gallons of the coldest water to be procured over his naked body. In one or two hours afterwards the heat is often found, on examination, as great as before. The affusion is therefore repeated again and again, as the obstinacy of the heat may indicate. . . . . At the end of this time, but commonly earlier, the force of the fever is broken, and a few tepid affusions, at longer intervals, are sufficient to subdue it entirely. On the third day very generally, or sometimes the fourth, the patient is convalescent."*

This purely *antipathic* treatment was a wonderful advance on the usual *drug toxication* (not medication), for it gave Nature a chance, and her children were saved! But this method was deemed inapplicable to the most dangerous cases, the asthenic: Currie himself speaks of the "madness" of those who applied it to such patients. And, in some instances, not apparently so low, the shock was too great and death occurred in the operation. But without understanding the essential fertility of the

* STILLE, "Therapeutics and Materia Medica," vol. ii., p. 179. Second edition, Philadelphia, 1864.

antipathic method, *Copland* hit the nail on the head when he remarked that Currie's treatment, in the most sthenic forms (of Scarlatina) was soon followed by an equal or *even by an increased heat of the surface.*"* *Bennett's* testimony is to the same effect, and even more explicit, being founded upon numerous and exact observations with the thermometer: "Cold, wet sheets, in Scarlatina patients, with rash, pulse high and heat of skin great, made them cool and comfortable for a short time,—one-half an hour,—*then the temperature rose higher than before for a while*, and then it returned to what it was before the cold application."† "Public opinion is, however, so averse to such treatment of the eruptive fevers, remarks a recent author, that one of less authority than Trousseau would scarcely be able to employ it."‡ And in the present instance public opinion is right.

In a milder form cold water is recommended as a palliative. *Prof. Chapman* writes, "In the state of Scarlatina characterized by heat of the surface, cold applications are called for and prove immensely serviceable."|| *Dr. Geo. B. Wood* says, "In all cases in which the skin is universally hot and dry, and the patient experiences no sensation of chillinesss, the external application of cold water is highly useful."§ *Watson* comes a little nearer the truth, "If the heat of the surface be very great and distressing, I should certainly not recommend the cold *affusion;* but cold or TEPID *sponging* will be very useful and beneficial."¶ *Niemeyer* is a decided hydropath, "Wet sheets and cold douches, placing the patient in an empty tub and pouring cold water over him, or wrapping the naked body in wet sheets, is the most important therapeutic remedy in malignant Scarlatina."**

* "Dictionary of Practical Medicine," New York, 1859, vol. iii., p. 756.

† "Clinical Lectures," by John Hughes Bennett, M. D., New York, 1870, p. 960.

‡ "Diseases of Infancy and Childhood," by J. L. SMITH, M. D., Philadelphia, 1869, p. 493.

|| "Lectures on Eruptive Fevers," &c., by N. CHAPMAN, M. D., Philadelphia, 1844, p. 143.

§ "Practice of Medicine," Philadelphia, 1855; vol. i., p. 424.

¶ "Lectures on the Principles and Practice of Physic," Philadelphia, 1844, p. 884.

** "Practical Medicine," New York, 1870; vol. ii., p. 542.

Trousseau is more restricted, "I only use them (cold affusions) to subdue serious nervous complications."* *Hebra* says, "It is as well, however, to endeavor to alleviate the symptoms by the employment of cold affusions, frictions, 'packing' in wet sheets, and cold applications to the head;" but realizing the practical difficulties of the situation, he adds, "The systematic application of cold water would not be well borne and would be *difficult to manage.*"†

The palliative application of cold water to the skin under the augmented heat of Scarlatina (and some other fevers) has been recommended by Armstrong, Bateman, Eberle and many more; the only precaution they deem it requisite to preserve is, to see that the skin is above the natural temperature.‡ This purely antipathic treatment corresponds to the use of *hot baths* in dropsy, advised by several authors many years ago, and very recently by Dr. Steffon, who gives "the existence of fever" as the first contra-indication to their employment.|| Currie believed that his heroic cold water treatment was *abortive* of the Scarlet Fever;§ but he employed it on the same antipathic principle with all the subsequent *palliative* and less severe use of cold water,—where there was a morbid increase of heat of the surface.

But this application of cold water as a *febrifuge* in Scarlatina (non-maligna) is entirely opposite to the bold use of ice and ice-water in the most malignant forms of the disease, and in cases which are far from presenting the elevated temperature above demanded. This latter mode of treatment has of late years been successfully employed and highly recommended by two allopathic physicians of large experience—*Dr. H. Corson*, of Conshohoc-

* "Lectures on Clinical Medicine," New Sydenham Society, London, 1869; vol. ii., p. 206.

† "Diseases of the Skin including the Exanthemata," New Sydenham Society, London, 1866; vol i., p. 225.

‡ "Practice of Medicine," by JOHN EBERLE, M. D., Phila., 1835; vol. i., p. 487.

|| "New Remedies, a Quarterly Retrospect," edited by HORATIO C. WOOD, Jr., M. D., Phila., Oct., 1871, p. 103.

§ It is probable that Currie had only to treat the smooth variety,—Scarlet Fever of Sydenham,—which is far more uniform and tractable than the treacherous Scarlet-rash or Miliary Scarlatina, commonly seen nowadays.

ken, Pa., and *Dr. Jackson*, of Northumberland, Pa.* Their method is similar to that originally proposed by Currie. But its remarkable feature consists in its application to the low and adynamic forms of Scarlatina,—to cases which resemble typhus. And I am credibly informed that this method has proved efficacious in certain severe epidemics of this disorder in this State; nearly all being saved, where, under the usual drug medication, nearly all were lost.†

The great success which has attended this treatment, to my mind, proves its *homœopathicity*. Cold applications made *pathogenetically* produce depression of animal temperature; similar applications made *therapeutically*, result in vital reaction against cold. This reaction occasions increased heat upon the external surface, and corresponds to the normal development of Scarlatina. So cold may be homœopathically employed to raise the temperature where it is low, and to bring out the eruption when unassisted nature fails. The *persistent* application of cold, giving no opportunity for salutary reaction, necessarily becomes *pathogenetic*, while only its *interrupted* application, by affording opportunity for vital reaction, can become *therapeutic*. The Aborigines of this country knew this practically, if not theoretically; they, "when attacked with fever, were accustomed to bathe in the coldest water they could procure, and immediately on leaving it to run as far as possible, and use violent exercise before a hot fire; after which they slept and awaked free from fever."‡

From not understanding this principle of reaction, one of those who attempted Dr. Corson's ice-water and ice treatment in Scarlatina, killed his patients instead of curing them! What other result could be expected from applying ice *continuously* to the neck of a babe ten days old? or from binding ice around the neck of older children in whom the eruption was trying to come out, and *constantly* keeping upon their heads bags of ice suspended from a nail driven into the headboard of the bed for that pur-

* For full statements of this treatment, see Meigs' "Diseases of Children," Phila., 1870, p. 711; Stille's "Therapeutics," Phila., 1864; vol. ii., p. 180; and the volumes of the Phila. Med. and Surg. Reporter for 1870 and 1871.

† Ice-water has been successfully applied in Croup. Am. Jour. Med. Sciences, Sp. 1861, p. 607.

‡ Stille, Therapeutics, vol. ii., p. 175.

pose! Can it be deemed surprising that death relieved the poor tortured sufferers in two or three days at the farthest? And yet such was the treatment,—with the addition of cold wet cloths to the arms—* and with such results, of one of my allopathic colleagues in this town, last spring; *so reported by himself* as failures of the cold water treatment. But Dr. Corson repudiates it as a perversion of his method, and plainly intimates that the added drug medication was itself sufficient to destroy life.†

Analogous to the ice-water treatment of Scarlatina by the allopaths is their treatment of *typhus*,—in Vienna, 1869,—with half and full bath packings and by pouring cold water; forty-nine recoveries out of fifty-six cases. Of the six fatal cases, one was moribund when brought into the hospital, and the *post-mortem* showed that none of the rest could have been saved by any means.‡ It would seem, then, that this cold water treatment, a powerful medicament, and not a mere placebo, cured all the cases of pure typhus to which it was applied in this instance. Certainly it cured all the curable cases, and must therefore have been homœopathic to a form of fever whose principal characteristics are a low range of animal temperature and profound depression of the vital powers. Drs. Currie and Armstrong had, however, long before successfully used *cold sea water*—pouring several gallons over the patient's body—to extinguish typhus; a single affusion sometimes sufficing at the onset of the disease.‖

The cold water treatment may therefore be homœopathic to, as I know it to be curative of, Scarlatina Maligna; especially of the variety which Eberle describes as passing "so rapidly into a low and typhus state," and for which, curiously enough, he advises the warm bath, especially in cases attended with internal inflammation."§ In this he is followed by Meigs,¶ who recom-

* These cloths were kept on one poor girl shivering with the cold, till her arms were covered with purple spots; she died in forty-eight hours from the onset of the disease.

† See the whole discussion which is full of *richness*, in the Phila. Med. and Surg. Reporter, July 15, 22. Aug. 19, 1871.

‡ "New Remedies," July, 1871, p. 15; and Oct., 1871, p. 106.

‖ Stille, "Therapeutics," vol. ii., p. 176.

§ "Practice of Medicine," vol. i., p. 490.

¶ "Diseases of Children," Phila., 1870, p. 711. This treatment would doubtless make the undertaker the physician's successor.

mends *warm baths* "in cases of an asthenic type in which the disease assumes a low and typhoid disposition."

Hitherto I have met with no cases for which I should deem the cold water treatment appropriate. The most dangerous and malignant of those for which I have been called upon to prescribe, have presented that intensely *inflammatory aspect* to which I believe the *hot water* to be homœopathic. *Cold water* is *antipathic*, while *hot water* is *homœopathic* to *inflammation*. And my experience of the hot water treatment in such cases, and in connection with other homœopathic medication subsequently given, has left me nothing to desire.

Few physicians of extensive practice, even in our own school, can claim the success of Dr. H. Hastings, who challenged the Registrar of deaths to produce a certificate of the death of a single Scarlet Fever patient given by him during nineteen years' practice.* And it is to be hoped that he may favor the profession with some detailed account of his treatment. But in this country he would need to add Rhus, and indeed many other medicines also, to the Aconite and Belladonna, which, he says, "cure Scarlet Fever proper, and antidote the poisoned condition of the system." For my own part, in an experience covering a little longer period, I can say that I have never lost a case of uncomplicated Scarlatina; and every case to which I applied the hot water treatment made a good recovery. Nor did I ever employ this means except in cases where the usual internal medication seemed unable to relieve the *intense fever* and bring out the eruption promptly enough to save life.

Homœopathy—and by this I mean the *proved medicines* rather than the general method—does indeed furnish a profound, constitutional, antipsoric treatment, which, skilfully conducted, may do all that can be done to establish the eruption in the severest cases, diminish the violence of the febrile reaction, and either prevent the secondary disorders, or render them less dangerous. For an example of this method, take a moderately severe case of scarlet fever proper, in a little girl of three years, to whom, instead of the usual Aconite, Belladonna, etc., I gave Sulphur 2^{c}; the ordinary course of the disease was very much abbreviated,

* Homœopathic World, vol. v, No. 50, p. 47.

and the speedy and perfect convalesence equally surprised me and delighted the parents.

But it is not always easy to find particular indications for the appropriate antipsoric—especially in that most critical period when nature is vainly struggling to develop upon the skin the internal disorder which overwhelms her. It is in such emergencies that I believe myself to have saved life—when no other means known to me could have done it—by *placing the children in a hot wet sheet, every three hours, for twenty-five or thirty minutes at a time.* Those who have once seen the prompt relief afforded by this simple means, the quiet rest and sleep obtained in place of the most intense fever, incessant agitation and exhausting restlessness and distress, will never be willing to depend upon medicines which—whether from want of skill in their selection, or of experience in their administration—have often failed in part; sometimes altogether.

The method which I have pursued with entire success in cases of incipient Scarlatina, of such gravity as would justify the trouble, is, to prepare one side of the bed, by covering it with a large quilt, folded, that the bed may not be dampened; wring out, beside the bed, a sheet previously doubled and dipped in water as hot as a woman's hands can bear; on this, spread upon the quilt, the child, whose clothing has already been removed, is quickly placed, and with it entirely enveloped, from its neck to its feet; the arms being enclosed with the body, the free end of the sheet turned up over the lower extremities, and the whole covered with two or more blankets, according to the season of the year and temperature of the room. At first, the child may resist a little, but it soon gets over its fright; and when it has been tossing about and suffering for hours, it invariably goes to sleep in the pack. In the course of twenty or thirty minutes the patient will begin to be uneasy, when the wet sheet may be unfolded, and presently it should be removed, the child remaining awhile covered by the blankets, and then receiving its former clothing. This course may be repeated once in three or four hours, in which time the good effect of the previous application seems to pass off, and a new one to be required. By this method of treatment much suffering is prevented; the patient's strength

is saved, and the eruption promptly and completely brought out. In some instances the restlessness was so great, the fever so intense—"*burning up with fever*"—that the pack was required six or seven times before the exanthem became fully established upon the skin.

And after the appearance of the eruption the same procedure, repeated once in three or four hours, according to circumstances, serves to moderate the violence of the fever; to prevent the retrocession of the eruption; and, by maintaining its complete development upon the skin, to relieve the throat from destructive and even fatal inflammation. Convalescence is sometimes tedious, and the secondary forms of disease various and persistent. But it is to be borne in mind that I am speaking of the most violent attacks of Scarlet Fever; of cases which, in my opinion, under the ordinary homœopathic treatment—especially by physicians of limited experience—might have sunk in one or the other of the three critical periods; that which precedes the eruption, that of its appearance, and that of its decline.

Drs. Bennett and Condie give the nearest approximations to this method that I can find. The former, after Dr. Andrew Wood, advises *hot water* in beer bottles, enclosed in a long worsted stocking, to be laid alongside the patient (not next the skin), who is covered with blankets, in order to induce profuse perspiration.* The latter recommends the tepid or *warm bath* in cases of Scarlatina with visceral inflammation.† Dr. W. T. Gairdner advises "the patient to inhale the *steam* of *hot water* from the beginning to the end of the fever, as long, at least, as the throat is sore."‡ The inhalation of the vapor of vinegar and water—from the nozzle of a small teapot into which heated pebbles had been thrown—I have found very efficacious in reducing the tumefaction in severe diphtheria; the patients being in a short time enabled to swallow, which before had been impossible.

Packing in the hot wet sheet has not to overcome the public sentiment which so strongly opposes the cold pack and pouring

* "Clinical Lectures," p. 956, (but perspiration is not what is wanted.)

† "Diseases of Children," by D. F. Condie, p. 497.

‡ "Science and Practice of Medicine," by W. B. Aitken, M. D., Philadelphia, 1866, vol. i, p. 326.

in the inflammatory stage of eruptive fevers. Parents are readily convinced of the feasibility of hot applications, and after the first trial even quite small children make no objection; indeed, I have seen some, not more than four years old, ask for its repetition. In the *algid* state of Scarlatina, to which alone the cold water treatment is homœopathic, people are glad enough to employ any new means their physicians may recommend, and when one or two such desperate cases have thus been saved in a neighborhood, the method recommends itself.

In conclusion, let me say, that the use of the hot wet sheet I have found invariably successful in the higher grades of malignant Scarlatina. The eruption is brought out; the intensity of the fever is diminished; internal inflammation becomes less destructive; rétrocession of the eruption is prevented; a favorable termination of the primary disorder is secured, and the secondary affections rendered less violent, and deprived of their fatal character. The first three of our previously stated *desiderata* was fully supplied; and, so far from interfering with the fourth, this method, by making the present condition of the patient comparatively comfortable, enables the physician to select at his leisure the antipsoric most exactly homœopathic to his constitution and prevailing (subjective) symptoms, and to administer it in the higher potencies, and at those long intervals—never less than twenty-four hours—by which the greatest good may be obtained. As premised at the outset, reference has been made in this paper to the most violent and dangerous forms of inflammatory Scarlet Fever,—for which alone I have employed and recommend the hot water treatment, and of which many cases could be given in illustration. But this is unnecessary; since every one who wishes can easily, safely and successfully test this method for himself.

Bureau of Surgery.

CLINICAL CASES IN SURGERY.

BY MALCOLM MACFARLAN, M. D., PHILADELPHIA.

LITHOTOMY BY THE LEFT LATERAL METHOD.

I performed the operation for stone in the bladder, on J. E. Bentley, of West Philadelphia, aged twenty-eight. His general health had suffered very much from the long irritation of the stone and his renal diathesis. His prostate was greatly enlarged, and bladder fasiculated;—in short, he had every well-known symptom and condition described in standard works as due to and accompanying stone in the bladder of long standing. The left lateral operation was performed in the usual manner. As I had no staff holder, I held that instrument, while, as a guide, my assistant made the primary cutaneous incision, involving the superficial facia—using simply a long, narrow bistoury, without a beak. I carried my incisions through the prostate into the bas fond of the bladder, because I knew, from the sounding, that the stone was large. The stone was found to be retained or fixed by reflections of the bladder, or encysted, and required trouble to dislodge it. An attempt was made to break it, by introducing a crusher through the wound, but failed, only a few pieces becoming detached. Giving the extraction forceps to my assistant, after getting the long diameter of the stone in a line with the wound, he drew upon it, and I made the incisions necessary to free it. The stone which weighed about 5 ounces avoirdupois, or exactly 4 ounces, 13 pennyweights, 6 grains, Troy, was a fusible calculus, mostly made up of phosphate of lime; its greatest circumference, allowing for fragments detached, was 8⅞ inches; the measurements as it now is are, 8¼ greatest, 7½ next, and 5½ inches for

the smallest circumference. This kind of calculus is unusually light in weight for its size, specific gravity being only 1300. The patient's bladder was thoroughly cleansed of fragments of stone and clots by injections of warm water, five ligatures used on vessels, and patient put to bed and kept perfectly clean—the urine being caught on cloths and sponges as fast as exuded. At the end of a fortnight some of the urine was passed through the urethra. The after treatment was in the hands of his physician, and from him I learn that the man got well without a bad symptom. I directed no opium to be given, to lock up his bowels, or bougie to be retained in his penis. I believe this to be the largest stone ever removed in Philadelphia, but not the heaviest. Out of a list of 704 cases of lithotomy by the lateral operation, collected by Mr. Cross, there were but five cases where the stone weighed between 4 and 5 ounces; of these, three died and two recovered after the operation.

Matthew Steltor, aged 18, was operated on by me for stone, March 22d, 1871, by the left lateral method, and a mulberry calculus of oxalate of lime extracted, weighing nearly one ounce. This case would be unworthy of any special notice except for its remarkably rapid recovery. Three or four hours beyond two days time after the operation, he passed *all* his urine by way of the penis, and none through the perineum, and in six days he walked freely about the room. On the tenth day he walked a good distance, to take the cars for home, and was perfectly well. I attribute his rapid recovery to the non-use of the catheter; which has been thought indispensable to keep the urine from the wound, but is not so, and is really a source of irritation. Opium was not given to prevent movements of the bowels. Their free movement does not interfere with healing, and is conducive to better health.

URETHRAL CALCULUS.

Tuesday evening, October 31, 1871, I was called by W. B. Davis, M. D., of this city, to Centreville, N. J., to see a patient of his; a boy, about five years of age, and son of Mr. Gowie, Adams

Express agent, who had been suffering intensely from inability to pass his water since Sunday, two days and a half. During his paroxysms of pain a drop or two of water would be voided, but the quantity was too insignificant to afford relief. The penis was greatly swollen, and bladder distended almost to bursting. Passing an instrument down the urethra, a stone was felt at the bulb. The child required but little ether, and an incision, one inch long, was made over a straight grooved guide held against the foreign body, and extending into the membranous portion. Opening the urethra was followed by a gush which relieved the child at once. The stone was removed; it was of a dark drab color, oval in shape, and larger than a white bean. The child had been subject to the formation of concretions within the bladder, and had previously expelled smaller ones. The wound had closed in three days, and the child got rapidly well. The disposition to the formation of these calculi has been overcome under the skilful treatment of Dr. Davis, who can state the remedies used.

TRAUMATIC CATARACT.

November 7th, 1871. Patrick Gallagher, aged twenty, living at No. 11 North Forty-seventh street, West Philadelphia, was operated on by me for cataract, following an injury caused by a small piece of chipped steel piercing the cornea and lodging in the lens substance. The inflammatory symptoms existing previously had been treated on general principles, and much benefited; but sympathetic ophthalmia forced me into active measures. The corneo-scleral section was made by the peripheric linear or modern method, the length of the cut being four and a half lines, flap height half a line, and conjunctiva divided one line further back, as it was raised on the knife. Acting on the recent suggestion of a well known London operator, I used a knife of half the usual width, and of a stouter back. The counter puncture is thereby made a matter of more certainty, a point of great advantage, and the narrowness of the blade enables you to incline it at will, much better than with the usual instrument. The iridectomy was made unusually complete, making traction on the iris, beginning at the outer angle of the wound, dividing it close

to its ciliary attachment, and cutting it as near the inner angle of the incision as it would be prudent, to prevent its being caught in the jam of the incision, becoming strangulated and interfering with good union. The lens was removed by pressure, the scoop not being used; the capsule was already lacerated almost enough. The eye was sealed up, the flannel bandage of Liebrich used, and the patient made a good recovery, without pain or a bad symptom. Two weeks after the operation, with a $+\frac{1}{6}$ glass, he sees objects at a distance distinctly, recognizing his friends across the street at once. With a $+\frac{1}{3\frac{1}{2}}$ glass, he reads very fine or nonpareil type. The irritation in the other eye has ceased.

The medicines useful in controlling inflammation after cataract are, Merc., Rhus, Rhododendron (hot cloths, dark room, &c., are adjuvants). I feel sure that, at some future time, homœopathic remedies will be found to so control inflammatory results as to materially alter or lessen the per centage of failures, and make recovery or success certain in properly chosen cases for operation.

CANCER OF THE BREAST.

December 10th, 1871, I was called by Mr. S. J. M—, of North Sixth street, to go and see his wife, aged 38, who was thought to be in a dying condition, the messenger leaving word that she might not be alive when the visit was made. On arrival I found the woman unconscious, and learned that she had been in that condition for a day or so. For some time before she became stupid, her vision had been so imperfect that she was unable to recognize her husband or children. She had miscarried some time before, but had recovered from the immediate effects of it. An examination showed that she had scirrhus of the left breast, in a state of ulceration. The tumor was of great size, the excavation involved nearly its whole surface, and penetrated to its base. The stench was simply horrid, and pervaded the house, the discharge being profuse, and of a thin, grumous character. She had been under the regular care of a distinguished allopathic surgeon of this city for months past, who saw her in alliance with her family physician. They both, of their own accord, abandoned the case; the husband being told, the day

before, that there was no hope, that the patient was in a dying condition, and not to give her any more medicine. I learned, on inquiry, that the tumor made its appearance about a year since, and up to the time of ulceration, on account of its great size, the little pain it gave, and other conditions and symptoms, it was thought to have been of cystic origin. Ulceration began some five or six months since, and has been progressing rapidly, the general health of the patient gradually running down. She had been treated in the most heroic manner; drugs and narcotics were given frequently and in the largest doses. Her husband told me the medicine she took cost, on an average, three dollars a day, and was changed nearly every morning. Occasionally she took three mixtures in alternation. A table which stood in the room, covered with bottles, attested these statements. Her present stupid condition was due, no doubt, in a great measure, to drugs which had been given her. Bell 6$^{m.}$, administered every three hours, and no other medicine, had the effect of arousing her by the next day; a poultice, made of powdered willow charcoal, ground flaxseed and brewers' yeast, packed in the wound, altered the character of the discharge and absorbed the foul odor. This treatment was kept up until Christmas day, when the woman had so far recovered that I chloroformed her, and removed the cancer. I took away nearly the whole of the pectoralis major and minor muscles, which had become much involved, and, through the long vertical incision over the breast and chest, I worked into the axilla, removing a chain of enlarged glands. Everything like scirrhus or induration was removed down to the ribs and intercostals; ten or twelve ligatures were applied, the woman losing but little blood. The skin was dissected up for several inches on either side, and drawn together by interrupted sutures. The tumor weighed 2 pounds 7 ounces when washed and free from blood, and, under the microscope, its minute anatomy was highly characteristic of scirrhus. Water dressings of charpie were applied until suppuration set in, on the third day, when flaxseed poultices were used, changing them every four hours. For the first two days the woman appeared to have a slim chance for life, as she lay motionless and senseless, without a particle of color, and taking sips of liquid food mechanically. I gave her Phytolacca

two or three times a day, but no liquors at first. Her recovery after that was gradual, and with no drawbacks. On a visit I paid her, exactly four weeks after the operation, she was sitting on a chair, playing with her children, and the wound had healed throughout and entirely. Her bowels, sleep and appetite were normal. She complained of pain only when she tried to carry the arm from the body, on account of the absence of both pectoral muscles and the firm cicatrix preventing motion. This case had been allowed to become desperate and the patient brought to death's door, from what I believe to be pernicious drugging, done with a good intention, no doubt.

I am, for myself, convinced that surgical cases would do much better, if heroic or allopathic treatment were omitted altogether, the patient given no opiates, purgatives, &c., and left to nature and good nursing. At date of this writing, February 5, the neighborhood of the cicatrix shows no evidence of a return, nor is there pain beyond what has been mentioned. Should it do so, I would promptly excise it.

CANCER OF THE BREAST.

September 12th, 1871, I removed an enormous scirrhus from the right breast of Mrs. D. C. W., North Sixth street, Philadelphia. The disease had been many months, or a year or two, in forming, and had run a rapid course. Dr. Gause, who is and was her physician, will be pleased to furnish information which I do not possess concerning her history and symptoms before removal. The pain, for a week or so before the operation, was simply atrocious, and had well nigh exhausted the woman. The kind of pain in such cases is diagnostic, and difficult for me to describe correctly. There is at all times present a dull, digging pain, of a burning character, and the occasional lancinations, which are so unbearable, shoot and dart toward the lymphatics in the axilla. In most of my cases I have noticed red streaks in the direction of the pain. The touch, color and other signs indicated that the tumor was on the point of ulceration, and part of it had undergone ulceration, as a cyst had formed just beneath the skin. The great bulk, however, was firm, hard, immovable and unyielding. Assisted by Drs. Gause and Bradley, the woman was

etherized, and double semi-elliptical incisions of the skin, ten inches long, were made vertically over the growth, and the skin flaps at their middle dissected back four or five inches, to thoroughly expose the tumor, always cutting in healthy tissue, free from scirrhus. Its base involved the pectoral muscles, and rested on the ribs and intercostals; transverse incisions made it free, and the muscular structure involved was dissected away, piece by piece. About a dozen ligatures were used, and little blood was lost. Firm vessels, which could not be ligatured, were treated by torsion and the needle The flaps were brought together by sutures, supported by straps, charpie and a bandage applied. When suppuration set in, poultices of flaxseed were used. The weight of the tumor was 3 pounds 13 ounces. The cyst contained about a gill of greyish, thin, purulent fluid, degenerated cancer elements. When a section of the mass was made it grated like tough, dry cartilage, and its centre was of greyish white substance. The stroma at the periphery was abundant, and sent prolongations in abundance into the surrounding tissues. The patient, for a short time, enjoyed an interval of apparent recovery and freedom from suffering. The wound, however, failed to heal entirely; a portion at the inferior margin of the wound, about as large as your thumb nail, failed to heal, remained in a state of ulceration for a few days, and then the induration increased. The case again became desperate, and, after much persuasion, another operation was performed, November 25, which required more tedious and careful dissection in the axilla and below the clavicle, removing nearly two pounds of tissue. The patient made a rapid recovery, the wound healing entirely. There is now, February 6th, 1872, no indication of a return of the disease. She is seventeen pounds heavier now than at the time of the first operation, and is in excellent health and spirits. Dr. Gause had entire charge of the medical treatment.

Bureau of Obstetrics and Diseases of Women and Children.

THE DISEASES OF AND PROVINGS OF REMEDIES ON, CHILDREN.

BY C. H. HAESELER, M. D., PHILADELPHIA.

HOWEVER rapidly the number of adherents to Homœopathy is increasing—a fact no longer tenable of dispute, and one that has excited no trifling consternation in the allopathic ranks, notwithstanding the stereotyped slurs and misrepresentations still indulged in on all suitable and unsuitable occasions—it cannot, nevertheless, be denied, that the popularity we enjoy as practitioners of medicine is principally derived from our successful treatment of children. To this it might be answered, that all physicians, no matter of what particular school or creed they be, are, for the patronage of their professional skill, chiefly dependent upon this source, namely, children, they being in the majority of the human family, and more liable to sickness than adults. But, while there are many parents who, when themselves sick, employ allopathic treatment, yet patronize Homœopathy for their children, those, on the contrary, who would take homœopathic medicines themselves yet give allopathic treatment to their children, are probably nowhere to be found.

It follows, then, that much of the confidence which Homœopathy thus far enjoys is still based upon erroneous premises, and not upon a positive conviction, begotten of reason or the understanding of those laws and principles of our doctrine which constitute its very life and soul. Making due allowance for the number, of gratifying proportions, who employ homœopathic treatment understandingly, for themselves and families, even

unto the death of a patient, without in the least doubting the system, there is a provoking balance of half-patrons, whom to serve is scarcely ever altogether pleasant, and sometimes very trying to the sensitive and conscientious physician.

Some of these avow their belief that infinitesimal doses may affect the tender organism of a child, but are inadequate to stir up the humors of their own deranged systems. Others feel disposed to give our medicine to their children, or even take it themselves, because it is so much more pleasant to take than the compounded prescriptions of the old school; but this adherence continues only during the mildness of an attack of sickness, and is relinquished for stronger treatment the moment that any grave symptoms excite more serious concern for their health. Yet another class are skeptical of *all* medicines; but employ the homœopathic, because they think that no injury, and possibly some good may result therefrom. These facts betray a lamentable want of earnestness on so serious and important a subject. They also show that it is our primary duty to educate the yet uninformed in the philosophy of our doctrine. When a parent calls upon a homœopathic physician, for the first time, to attend upon a sick child, that parent should always be asked the reason which induced him to change physicians. If the answer is, as often happens, "Because I cannot get my child to take the other medicine," then the physician should at once place the parent under tuition; and if the latter should object thereto, or manifest indifference, he should insist upon it as a point of necessity; for, if he does not, and the child should happen to get seriously indisposed, the probability is that this parent will desire to change back again to the former mode of treatment; in which event, the physician who follows will, most likely, in view of his own interest—to the shame of the profession, be it said—pass some unkind and unjust reflection upon the previous treatment, which, however unrighteously, redounds to the injury of our cause. But if the new patron is at once put into good homœopathic training, if the law of similars is demonstrated to his reason by familiar illustrations, if he is shown how little is requisite to induce disease, and taught to infer that no more is required to restore health; if the power developed by trituration

and succussion is explained to him; if the gross absurdity and contradictory nature of the allopathic therapeutic literature is pointed out, and its empiricism, routinism, and, at best, limited mechanical efficacy exposed, while, on the other hand, the scientific beauty, accuracy and efficiency of the affinity which exists between therapeutic pathogeneses and pathological or symptomalogical conditions, is shown, the chances are that conviction of the true principles will take possession of his mind, and he will thenceforth not only abide the issue of the case of sickness, however serious, then under treatment, but, especially if this terminates favorably, will ever after choose the new alternative for himself and wife, as well as for his children.

It has always been one of the marvels of human nature that so many families should be divided in their confidence for physicians, and employ different advisers for their separate members, in the ordinary vicissitudes of health; and, paradoxical as it may appear, these families cannot be capable of forming strong and definite convictions upon the important subject of their own welfare. They cannot see the difference between the practice of medicine and the business of serving groceries to customers from behind a counter; the sublime responsibility of holding in charge the great treasure of human lives—a responsibility of such a delicate nature that it shrinks from a *divided* confidence. They do not reflect that a physician enjoying the *entire* confidence of a family will reciprocate the compliment with more zealous devotion—more study, more thought and attention for every case of sickness occurring therein; whereas, on the other hand, the physician who does *not* feel secure of his patient's trust, but fears that the latter may at any moment forsake him for some professional competitor, cannot, of necessity, experience the same interest that he otherwise would.

However, aside from the duty of schooling communities into healthy reflection on a matter of such vital interest to themselves, it is by no means unpleasant to minister our services against the physical infirmities of children. Indeed, they are in many respects far preferable to treat than adults. For, although some symptoms of the subjective kind may escape attention, yet those we do elicit are more trustworthy than the mass of those conjured

up by the imagination of adults; and together with the objective symptoms, which are nearly always readily obtained, a correct pathogenesis is arrived at with less difficulty than is possible with the majority of adult patients. Successful treatment being so eminently dependent upon the correct analysis of symptoms, it will be obvious at a glance how fatal to this purpose are the exaggerations, deceptions and prevarications in which invalids sometimes indulge, with the hope of hiding their secret sins, or for other reasons best known to themselves; and not unfrequently to gratify a morbid craving for sympathy. There is probably no condition of the human system more irksome to the physician than that of hypochondriasis, except it be that sheer habit of complaining which some persons possess, who cannot claim even the extenuating dignity of being considered hypochondriacs. In the professional intercourse with children all annoyances of this character may be fortunately escaped. It is true, those of a larger growth sometimes *feign* sickness to escape going to school, or for some other similar reason, but the trick is generally so transparent as to be readily discovered, and being discovered, admits of being exposed, which is not always the case when the tricks of adults are discovered.

But among all the reasons why a physician may prefer children for his patients, the most important consists in the gratifying circumstance that their systems are not pre-occupied, impaired or impoverished by unnatural and pernicious habits. Their organisms have not yet been perverted by the deleterious influence of tobacco and ardent spirits—an influence which cannot but involve the precise applicability of many of our medicinal provings with more or less doubt and obscurity. The writer has in vain looked for effects from homœopathic attenuations in persons who were habitually and hopelessly addicted to the use of opium; what better reason is there for expecting remedial results with persons under the habitual influence of tobacco? The former is no more poisonous, nor capable of thoroughly occupying and infusing itself permanently through the system than the latter. But it is not only alcohol, tobacco and opium which are capable of changing the organism; the excessive use of coffee, tea, and spices, salts or acids, immoderate and epi-

curean dieting, extravagant exercise of mind or body, in short, excess of any description may bring about more or less permanent organic conditions which, however varied and diversified in character, have this quality in common, namely, to fill the physician with uncertainty in regard to the therapeutical action of medicines which have been tested *only upon healthy persons.*

Doubtless one of the reasons why a remedy sometimes selected with, it is thought, great care and accuracy, yet disappoints us in its action, is attributable to the circumstance that the symptoms for which the remedy is deemed "similar" were produced upon the prover through organic peeuliarities or *constitutional idiosyncracies which do not exist in the patient*, and the remedy fails to respond. If adults, through physiological culture, so to say, or gastronomical education, become so dissimilar in nature that the common articles of food act differently upon different systems, how then may we expect that medicines should act precisely alike on all systems, and in conformity with the provings that have been collected from the few?

Thus it is a somewhat popular notion that milk is rather constipating; yet I have frequently been informed by persons that, on them, it produces the oppcsite effect, namely, a laxity of the bowels. The same may be said of apples or other fruit, and of a great many articles of diet, as well as of porter and other beverages that, while they have an aperient influence on perhaps the majority of digestive systems, they nevertheless have quite the contrary on a great many others. It is not likely that this disparity exists to the same extent in the physiological functions of infants and young children, ere the tyranny of passion, the ravages of care, and the canker of obnoxious habits have somewhat changed their organic nerve centres, and modified in various ways their susceptibility to medicines. I have, therefore, for years, treasured up a special materia medica, founded solely on the action of medicines upon children. That is to say, whenever it was in my power to prove any of the old remedies upon children, I have done so, and compared the results with those recorded in the text books; and frequently these comparisons discovered a material difference between the two pathogeneses; a difference, too, that was moreover ratified by therapeutical results at the

bedside. In illustration of this a single example will suffice. Dr. Lippe gives, in his Text Book, the symptoms of Nux vomica among those pertaining to the eyes, as follows: "Inflammation of the sclerotica, with stitches, and aversion to the light of the sun. Painless circumscribed red spots, like extravasation of blood, in the white of the eye; exudation of blood from the eyes; yellowness (especially of the lower part of) the eyeball; twitching of the eyelids; anxious staring look." Now, these symptoms frequently occur among the ophthalmiæ of children, and the young physician, seeing them thus recorded under Nux vomica, might easily be tempted to give this remedy for such a case of ophthalmia. Yet this treatment would be useless. In fact, it is for the bleary, bloodshot, jaundiced eyes and vacant or distressed stare consequent upon dissipation for which Nux vomica is indicated—a condition hardly to be looked for in a child. Need it be said that I have never been able to produce any condition approaching in the least to the symptoms above given, in quite a number of provings which I have made with Nux vomica upon children. On the other hand, however, I have known children in good health, to whom this remedy, in the thirtieth attenuation, was administered, to be thrown into a feverish and highly excited state, with nervous spasmodic twitches of one or the other side of the body, constipation, copious perspiration, quick, irregular breathing, incontinence of urine, drawing of the head backwards, rolling of the eyes upwards and inwards, and other positive evidences of medicinal action.

And here it may be stated that, while the symptoms we derive from the provings upon children are certainly not as numerous as those obtained from adults, on account of the absence of speech and their want of power to describe them, yet those we do elicit are at least accurate and reliable—the imagination of the prover having no part in them, and the symptoms being obvious to the attentive observer.

The homœopathic science of medicine will not be perfect—will not be really a science, to be relied on with mathematical accuracy—until we succeed in producing a correct classification of the materia medica. There must be a work on remedies elaborated entirely from careful provings on children; another from

provings on women; and still another from provings on men of various temperaments, diatheses and acquired constitutional conditions. And if in these works the present arrangement of anatomical division be preserved, every such division should have under it *all* the remedies having a bearing thereon, to follow in alphabetical order; obviating thereby the necessity ef the student to hunt up that particular division through the entire book. With such a series of works at a physician's command, let it be supposed that a patient consults him; say it is a man in whom, on investigation, the strumous diathesis is found to exist; and let it be supposed further, that this patient complains of chronic diarrhœa. Should the physician now feel any doubt as to the suitable remedy for the patient, he will take from his library that particular work on materia medica which contains only the provings made upon persons of the strumous diathesis, though otherwise healthy. He will turn over until he gets to the heading of "Bowels," and glancing over the symptoms as they are recorded, from Aconite to Zingiber, in alphabetical order, he will find to what remedy the symptoms of his patient are accredited, and thus make an accurate selection in the shortest time. Or, let the patient be a lady, and her ailment one of that fertile variety involving organs peculiar only to her sex. In this case the physician would refer to that other work on materia medica elaborated only from provings upon the female sex, and thence in a similar manner select his remedy. Yet again, and lastly, let the patient be a child, in which event the special classification of the materia medica, derived from the provings on children alone, should be consulted, with doubtless far better results than is now possible from the unsystematized, indiscriminate medley of resources at our command. Let it not be supposed that the above proposition involves in it an extravagance of medical literature. Three volumes of the size and style of Dr. Lippe's Text Book would suffice; the first being entitled "Provings on Men," the second "Provings on Women," and the third "Provings on Children." The work on men could be the largest, and comprise in different parts the several classifications of temperaments, diatheses, &c. With regard to the special provings on children, I trust before many years, Providence per-

mitting, to be enabled to issue a work, the result of my own efforts in this direction; though any accurate contributions thereto from the brethren of the profession would be thankfully received and acknowledged, and would, besides, hasten the day of completion of the much needed work.

There are probably few physicians who have not persuasive influence enough with the heads of families over whose health they preside, to be permitted to prove remedies on their children, at least if the remedies used be in attenuated doses, and assurance is given, which may readily be, that no permanent injury shall accrue therefrom. And there is little doubt that the tender organisms of young people, being as yet unoccupied by any physical or moral disturbing causes, have keener functional sensibilities, and are therefore more susceptible to the action of potentized remedies than the more weather-beaten organization, in mind and body, of persons in mature years. Yet it cannot be denied that the procuring of these effects, with absolute precision and distinctness, is not without its attendant difficulties; and no one making the important experiments should allow himself to be absent from a child undergoing the proving for any considerable length of time, nor trust to the accounts of parents or other attendants for any but the most obviously probable results that may be said to have transpired during his absence. In order, also, to simplify and facilitate the study of medicines, it would be well, in recording their several powers, to give the therapeutical and pathogenetic symptoms in separate columns or chapters; in other words, to write down in one column, in successive order, all those symptoms or phenomena which a medicine produces on the healthy subject, and in another all those which it is capable of relieving when produced by diseased action.

It cannot, of course, be expected, that when a remedy is given for the purpose of proving, especially when given in the attenuated form, it should excite a condition of disease equal to that which physicians are generally called upon to relieve; as, for example, inflammation or abscess in the lungs or any other parts; or cholera, small-pox, typhoid fever, &c. Nevertheless, sensations and phenomena may be established therewith that are, in a mild way, similar to those which typify these or any other affec-

tions. The actual condition of disease is always represented by manifestations which the patient himself can describe, or the physician discover, and it is the semblance of these manifestations which, in a modified but quite distinguishable degree, can be wrought by the provings. It is for this reason, and on account of the nicety and fine distinctions involved, that such great circumspection is necessary in recording the observations thus made. But it is for this reason, too, that the study of diseases from the homœopathic standpoint is so far exalted over the routinism of the old school, whose only certainty lies in pathology—in the post mortem dissection of the patient it was unable to cure.

ON THE USE OF THE OBSTETRIC FORCEPS.

BY J. H. MARSDEN, A. M., M. D., YORK SULPHUR SPRINGS.

THERE seems to be at the present day a disposition rather to introduce something new than to improve and extend the application of that already in use. We notice this in regard to our remedies. While many are anxious to call the attention of the profession to a new drug, few trouble themselves to eliminate more fully the virtues of those with which we have long been familiar. The same comparative neglect which our old medicinal agents are doomed to suffer, it seems to me, is extended to the obstetric forceps.

This instrument, as is well known to us all, has long been in use, and has had its ebbs and flows in professional favor. Its inventor, Chamberlin, (if indeed we may consider him the inventor,) was so confident of its extended applicability, that it is said he boasted himself capable of terminating difficult labors of whatever, character by its use. But undertaking a case where an extremely contracted pelvis was the obstacle, he signally failed and retired in disgrace, leaving his ill-fated instrument to suffer in reputation through his lack of judgment. An instrument, however, so valuable within its own appropriate sphere could not be long left to neglect. It was again taken up, and as the conditions of its successful application came to be better un-

derstood, it once more was admitted into favor. The estimation, however, in which it has long been held, has varied with different professors and practitioners of the obstetric art. While some have considered the instrument as comparatively safe and of inestimable value, others have looked upon it as dangerous in the extreme to both mother and child, and to be held as a last resort, scarcely preferable to the suffering of the patient to die undelivered. The young practitioner perhaps generally dreads nothing more painfully, than to be obliged to resort to the forceps, and who does not remember his embarrassment, and even agony, when obliged to make the first attempt. This, indeed, is a very natural consequence of the instruction of books and professors, as to the dangers of the instrument, and the supposed difficulty of its application.

It is our wish, in the few brief remarks we are about to make, to present the subject of the use of the forceps in such a light as to enable the young practitioner at least to resort to the instrument, when necessary, with more confidence, and, we hope, in some instances at least, with a success more satisfactory to himself. We do not promise anything absolutely new or never thought of by any one before, but simply to present the more important and salient points of the subject, in such a manner as to be distinctly apprehended and practically remembered.

To accomplish my purpose I will as briefly as possible attempt to answer the following questions, viz:

1. What kind of forceps should be used?
2. How should the forceps be applied?

In answering the first question I have proposed, perhaps I cannot do better than to transcribe Prof. Elliott's ideal of good forceps. "All that can be expected," says he, "from a single instrument is that it should take up as little room as is consistent with strength and its uses; that it should afford every opportunity for powerful traction, without risking compression, until compression should be demonstrated to be unavoidable; that it should have such a pelvic curve as to enable the operator to convert occipito- and mento-posterior positions, into anterior positions, provided no other conditions prevent; that it should have

no edges liable to project unduly and risk the laceration or cutting of maternal tissues. It is my belief that fenestræ diminish somewhat the risk of injuring the head, especially the ear, but it is comparatively unimportant whether they are present or not." Prof. Elliott enumerates several other properties as important to the perfection of the instrument, but I need not further transcribe, as these properties are inherent in most of the instruments in use. The professor, as is probably known to most, has himself modified the forceps by introducing a sliding pin or pivot between the handles, in order to diminish the danger of undue, compression. This, it seems to me, is an unnecessary precaution. In my early practice I used exclusively the short forceps known as Davis', or perhaps in this country more generally as Meigs' forceps. Dr. Meigs enthusastically preferred this instrument to all others, jocosely assigning as a reason that he "could break with it just as many infantile necks as he wished," meaning to assert its greater safety. This is, however, I presume, imaginary. To the short forceps of Davis, there are several very serious objections. The width of the blades sometimes render them very difficult of introduction and the same feature makes it often hard to bring them into position when introduced. It is, moreover, too short for convenient use when it becomes necessary to grasp the head at the superior strait or high in the pelvis. Its small leverage force, although esteemed as an excellence by Dr. Meigs, with all due deference to that truly great man, seems to me rather a defect. Having experienced some of the difficulties above enumerated in the use of Meigs' forceps, I discarded the instrument many years ago, and adopted instead that of Prof. Hodge, with which I have been uniformly successful, where success was attainable by any instrument, and of course entirely satisfied. Hodge's forceps combine many excellencies, they are sufficiently long to reach the head conveniently at any height when it may be taken, they have a pelvic curve, although not very strongly pronounced, yet sufficient to render them of easy application, the blades are narrow and readily slide over the convexity of the cranium till they have taken up their proper position. The whole instrument is so light as to be very conveniently handled, and

as to necks I have been able to break with this instrument just as many as I have desired to break, about the same number I would have broken with the instrument of Davis; in other words, I think that in careful hands, they are perfectly safe. As this instrument is probably as well adapted to all cases as any other, and better than most, I can sincerely recommend its use.

But it is to the second question, namely, How should the forceps be applied? that I desire more especially to direct attention on this occasion.

And here, at the very outsetting, the important inquiry presents itself: is the application of the forceps to be determined by the position of the child's head, or by the anatomy of the pelvis of the mother? Our public teachers of midwifery, as well as our systematic treatises upon the subject, so far as I am informed, have generally heretofore directed us to have regard to the former. We are instructed by most authorities, first, to ascertain the exact position of the head and then to introduce the blades so as to apply them to *its sides*. Even those who are less exclusive as to the situation the blades must occupy when applied, agree substantially with Prof. Bedford that "it is the position of the head that should determine the position of the blades." This doctrine, so generally taught and accepted, necessarily gave rise to a great variety of rules for the application of the forceps according to the position the head might chance to assume, and even the part of the pelvis it might be found to occupy. These rules were, moreover, far from being lucid and easy of comprehension, and were still more difficult in application at the bedside. How often have we sweat and agonized, in our attempts to recall our instruction, and the facile demonstrations upon the "phantom," so as to apply them to the case before us—the living woman made up of flesh and blood. How often, too, did our attempts utterly fail while we sought to be guided only by so-called scientific principles, until almost in despair, we let the blades take their own course, when, to our joyful astonishment, they spontaneously assumed their respective places, and almost of themselves, fell into a natural lock. Still, upon reflection, we were not satisfied with this re-

sult, for it seemed to demonstrate, to our great humiliation, our incapacity to execute what we had been taught, and what we thought we had seen satisfactorily demonstrated as practicable, with the mannikin and buckskin baby. Our embarrassment, too, was sometimes greatly augmented by our uncertainty of the real position; we thought it was so and so, but were not absolutely sure of it. Our prospective success then appeared to rest upon an uncertainty multiplied by an uncertainty.

Finding the rules of the books which we thought we had carefully studied so difficult of application, at least for us, we gradually laid them aside and ignored them. When we met with a case requiring the forceps, instead of attempting to recall and apply the rules of the books, we thought of it thuswise. Viewing our forceps we saw they had what we call the pelvic curve,—this, we thought, when introduced, ought to correspond with the curve of the sacrum,—the other curve of the instrument, commonly called the cranial curve, was manifestly intended to lie upon and embrace the spherical body within the pelvis, namely the head. We then thought, independent of all written rules, if we can so introduce the blades, that the pelvic curve shall be coincident with the sacral, and the blades when introduced embrace the head, 'twill be all right. This end is mostly attained in a very easy manner, simply by introducing a blade on each side of the pelvis of the mother, the point gliding over the surface of the presenting head, until the instrument assumes, spontaneously, if I may so speak, the place which from its mechanism and the contour of the head it is disposed to occupy. When we began to practice upon this view of the subject, our practical difficulties, in a great measure, vanished. The numerous rules were reduced to one and that a very simple one, viz: to introduce the blades along the sides of the pelvis, so that the pelvic curve shall follow and correspond as nearly as possible with the curve of the sacrum. But while we found our practice in the use of the forceps greatly simplified, we, at the same time, could not divest ourselves of a somewhat painful misgiving, that it was somewhat heretical, not the result of an ingenious discovery, but rather a necessity growing out of our inability to do what superior men taught

and did. We thought surely, when learned professors so uniformly tell us (and there is scarcely anything else about which they so uniformly agree) that the blades should be applied to the side of the head, to the sides of the head they ought to go, only we were for some reason not always able to place them there. So uniform, as before intimated, was this agreement that Prof. Hodge admits but one exception. "Where, however," says he, "the head has been impacted with the bi-parietal diameter, it has been universally advised to apply the forceps over the occiput and over the forehead and face of the child, constituting, therefore, perhaps the only exception to the rule of applying the forceps over the sides of the head." This may indeed well constitute an exception, for we cannot see how the forceps can in this case, if applied at all, be otherwise applied, than in the occipito-frontal diameter.

Of late, however, we have had our doubts, whether the instrument is always really applied to the side of the head, when it is supposed to be. Some of our latest writers, even those who advocate the common teaching of which we have spoken, seem to entertain the same doubts. The late Prof. Elliott (Obstetric Clinic, p. 300), says, "Whether the pelvis be normal or not, before rotation of the head has occurred, the forceps are commonly applied in the oblique diameters of the head, and of necessity in cases where the occiput is rotated anteriorly from either synchondrosis even though they be subsequently removed and re-applied in the bi-parietal diameter as soon as the position of the head will permit."

Having had the misgiving before stated in regard to our own practice, we cannot express the satisfaction we felt on reading for the first time the following, something more than one year ago, in the lately published admirable work of Dr. Robert Barnes (Obstetric Operations, p. 55). He is speaking of the application of the "Long or Double Curved Forceps." "The application of this instrument," says he, "is governed by a different law from that which governs the use of the short forceps. The short forceps, according to the recognized rule, must be applied with the blades quite or *nearly* over the transverse diameter of the head. The head determines the manner

of applying it. But with the long forceps it is the pelvis that rules the application. The position of the head may be practically disregarded. The pelvic curve of the blades indicates that they must be adapted to the curve of the sacrum in order to reach the brim. They must, therefore, be passed as nearly as may be in the transverse diameter of the pelvis. One blade will be in each ilium, and the head, whatever its position in relation to the pelvic diameter, will be grasped between them. The universal force of this rule much simplifies and facilitates the use of the instrument. Not only does it apply to the position of the head in relation to the pelvic diameters, but also to all stages of the progress of the head, from that where it lies above the brim down to its arrest at the outlet."

Several objections may be raised against the mode of applying the forceps, but of more apparent than real weight. In the first place it may be said that if the head be grasped otherwise than upon the bi-parietal diameter, there is great risk of contusion of the features of the child. It must be remembered, however, that the head in its descent is very generally strongly flexed, and the force of the blades will even increase the flexion, so that the one applied in front will spend its force rather upon the forehead or brow than upon the face. Besides, it is unnecessary to grasp the handles with so much compressing violence as to injuriously contuse the features. The idea that it is necessary to use much force in order to keep the blades from slipping is entirely erroneous. If they be well pushed up so as fairly to pass over the convexity of the head, the maternal parts maintain them in situ. Indeed, I believe too strong compression, especially where the ossification of the head is advanced more than is usual at birth, rather tends to loosen the instrument, by springing the handles near the lock, and thus throwing the points of the blades off their hold. The last forceps case I had was that of a girl in her seventeenth year, whose pains ceased, leaving the head of the child still high in the pelvis. The child was delivered with the right hand embracing the lock of the instrument, and, of course, exerting very little compressing force. A slight indentation in the scalp, easily rubbed out with the finger, was all the mark the child bore, although this

was so situated as to indicate that the blade had lain over the forehead or brow.

Again, it may be objected that if the head be grasped in a high situation and before rotation has taken place, as it descends and rotates, it must necessarily throw the pelvic curve of the forceps out of its coincidence with the curve of the sacrum, and in the act of extraction, endanger the maternal parts. But it must be remembered that when the blades embrace the head, they lie in close contact, and form, as it were, one body with it. As the head rotates, the forceps, if delicately held, as they should be, rotate with it also; and if well placed are not likely to present projections, endangering the maternal tissues. Besides, if the pelvic curves of the instrument as indicated by the twisting of the handles, deviates too much from its correspondence with that of the sacrum, the blades can easily be withdrawn and re-applied.

A few observations relative to the manipulation best suited to the application of the forceps, as above indicated, will close our remarks already extended beyond our intentions. And here I trust I may be pardoned for simply detailing my own practice, and I know not that it differs materially from that of others.

The patient is placed upon her back, across the bed, with the hips near the edge, and her body so adjusted as to interpose no difficulty to the operation. Two chairs are placed with the front of each facing the other, and sufficiently far apart to allow the operator to pass and stand between them. The feet of the patient are placed one upon each of the chairs, and secured there by an assistant, having charge of each. The limbs are carefully covered with light bed clothing, to secure warmth and avoid unnecessary exposure. The blades of the forceps are prepared by warming and oiling them, and if no contra-indication exist, I usually put the patient under the influence of chloroform. The blade destined to occupy the left side of the pelvis is then taken in the left hand, very much as we hold a pen, the handle not quite perpendicular, but inclining over the right groin of the patient, while the fingers of the right hand are employed in directing the *entrance* of the point of the blade. When once entered,

the mind's eye directs its further progress. The point of the blade is to be kept in close contact with the head, and made to follow its spherical outline, while it is to be carried up into the pelvis, having its pelvic curve in accordance with that of the sacrum. In accomplishing this, the handle will execute three distinct simultaneous movements, viz., downward toward the posterior commissure or perineum, forward (relatively to the operator) in the direction of the axis of the pelvis, and outward toward the right hand of the operator. This blade, when carried up to its place, is left to take care of itself, and the other, passed over it, is introduced in the same manner, mutatis mutandis. When both blades are well carried up into the pelvis, and the handles well pushed back towards the perineum, they usually lock without difficulty. If the lock be adjusted by a thumb-screw, the screw should not be drawn tighter than is merely necessary to prevent the instrument from being thrown out of lock, so that the blades may be the more free to accommodate themselves to the changing position of the head.

When, owing to the great obliquity of position or peculiar shape of the head, the blades seem compelled to assume a situation with their curve varying considerably from coincidence with the curve of the sacrum, and making it difficult to procure an easy lock, the difficulty may generally be remedied by partial rotation of the head, by means of the lever, or a blade of the forceps used as such. At least, in several cases in which we have resorted to this manœuvre, we have found it practicable.

POST-PARTEM DIET.

BY O. B. GAUSE, M. D., PHILADELPHIA.

THE subject of the proper diet for lying-in females during the first week after parturition, is one that is treated by the profession in an easy, routine way, as though it were not of much moment.

This is the outgrowth of generalization, which the plans and methods of homœopathy ought not to tolerate.

One of the excellencies of our system of medicine, that cannot fail to command the approbation of every one is, that it individualizes each case of sickness, regarding less the classified disease than the individual in whom the disease is manifesting itself.

To prèscribe, arbitrarily, a particular diet for women who have recently given birth, is not in accordance with this wise individualization; besides, it tends to beget lax ideas of the importance of alimentation after parturition, whereas there can scarcely be a doubt that it is of the very first importance,—since upon it depends not merely the condition of the mother, but the sustenance of her offspring.

There is also a sweeping condemnation of ordinary healthy table diet,—for which very many would find it very difficult to assign any better reason than custom. Panada, gruel, dry toast without butter, and weak tea are universally allowed, and are regarded as the only suitable food, while meat broths, lamb chops, beef steak, potatoes, and bread and butter are as universally regarded as inimical to the welfare of the parturient woman, until after the establishment of the milk. This generalization must surely be regarded as without the pale of homœopathic reasoning.

The object of this paper will be, to point out some of the conditions which should be regarded by the accoucheur, as guides for alimentation in each case:

1st. The state of health and general condition immediately previous to labor.

2d. The duration and character of the labor.

3d. The symptoms springing from and immediately following labor.

4th. The universal condition—preparation for lactation.

First. The state of health previous to labor may be such as to give direction not merely to the diet after labor, but to the medication. Where the patient comes to bed in good health, there is nothing in the simple fact of parturition, save the to be developed function of lactation, that should require any material change of diet for more than one or two meals.

If the woman, at the time, is suffering from albuminuria,

dropsy, dyspepsia, or any other form of affection which parturition will not cure, then the diet should be ordered to meet the case.

Second. The character of the labor should be regarded in selecting and prescribing the diet.

If a labor has been tedious and exhausting, or has been attended by unusual flooding, the digestive department will have been unfitted for the digestion of strong and solid table-food, and should be treated with light and liquid food until it has had time to recover from the effects of the labor, when the usual mixed nutritious diet of ordinary life may be resumed.

The symptoms following labor very frequently point directly to the proper course of alimentation.

This, you will observe, is the same as in any other case of sickness, an individualization and adaptation of our treatment to the patient, in a sense not dependent essentially upon the fact of parturition.

If the labor has been tedious, and the voluntary exertion very great and prolonged, all the energies of the body must be spent. What the woman needs is rest, and after rest nourishment. When a woman's strength has all been spent in *absolute labor*, she can scarcely lift her hand or speak ; it would be utter folly then to tax the digestive department with work ; as well might you require her to keep awake or sit up. Cooling beverage and sleep are the first requirements. After refreshing sleep, some light broth, nutritious and readily assimilated, will be the most proper aliment.

As soon as she has recovered from the bodily fatigue of the labor, and the tone of her system returned, which will require at least twenty-four hours, then she will be in a condition in which the function of lactation must enter into the question of her diet.

What then is the best diet for this purpose?

First. In each case it should be a relishable and enjoyable diet. We often meet with females who cannot eat gruel, others who do not relish panada, others, again, who say they cannot bear "sick victuals," and, very frequently, those who declare they can't eat anything till they can have butter.

It does seem harsh and cruel to condemn every such person to a distasteful and repugnant diet for four days, without the clearest necessity. In our judgment, such treatment will not favor the

production of milk, in quality or quantity such as will best subserve the welfare of the infant.

To be relishable and enjoyable, it should be somewhat varied; not made up of panada, tea and dry toast for breakfast and dinner, and dry toast and tea for supper.

The meals should be moderate in quantity, and more frequent than in health.

A breakfast of tea, or cocoa, and good milk or cream toast. In four hours a good dinner, of meat broth, boiled rice, maccaroni, stewed fruit, celery, bread, and a little butter. In four hours a nice supper, of tea, chipped beef or tongue, rusk, and calves-foot or currant jelly. These three meals to be followed in three or four hours by a bowl of oatmeal gruel, as the last meal of the twenty-four hours.

A bill of fare thus varied is healthful, enjoyable, and conducive to lactation.

Food is not necessarily and always nutriment. It is converted into nutriment by digestion, and becomes assimilated by the appropriating organs. Food that injures very often does so because the digestive powers either do not or cannot convert it into nutriment and assimilate it.

I am sure, therefore, that if we put into a healthy stomach, in moderate quantities, food easily digested, we need not fear that we thereby run any risk of embarrassing the establishment of lactation by unnecessary fever, or hazard inflammation in the womb by the creation of healthy blood, to speedily replace that which was lost by childbirth.

There are certain articles of table diet which, it seems to me, require exercise, and often open air exercise, to enable the digestive system to dispose of. Such articles may be food, but fail to nourish, if used in the lying-in room. If we can discover them, it becomes our duty to exclude them from lying-in patients. Some of this sort are not in the category of working-men's bill of fare—rich preserves, rich cakes, rich pudding and pastry, eggs, clams, oysters and fish.

By such a generous course of alimentation, I am sure we will best subserve the welfare of the parturient woman and her offspring, as by it we shall secure her comfort, promptly restore

the waste, aid her to regain her strength, and secure a good flow of healthy milk.

Let us, then, throw off the fetters of an effete custom, and prescribe the *diet* for the lying-in patient as we do the medicine, according to the conditions and wants of each case. If one woman is contented and happy on panada, dry toast and gruel, let her have it, but do not compel every woman to endure it because it is the custom.

CASES FROM OBSTETRIC PRACTICE.

BY M. FRIESE, M. D., HARRISBURG.

I AM not much in favor of offering apologies for flagrant dereliction of duty, but I am compelled, on this occasion, to offer the following report of cases fram practice as my contribution to the Bureau of Obstetrics and Diseases of Women and Children, and hope that your magnanimity will accept as my apology for the meagreness of my paper, incessant professional toil. The cases I present are taken from my note book of the past year, and are reported with due regard for accuracy.

CASE I.—Mrs. K—, æt. about 26, pregnant with her first child, was taken with labor pains at 2 o'clock A. M., December 2, 1871. I was first called to see her at 7 o'clock the same morning. Found her with pain in the back only. Upon examination found the os uteri beginning to dilate, and could feel the presentation which was the vertex. I prescribed for her Puls.[3] in water, a teaspoonful to be taken every hour. Called again at 10 o'clock A. M., and found some progress in dilatation of the os uteri, but the pains remained in the back mainly, extending only down to the region of the acetabulum on each side. I now gave her *Actea Racemosa*[1] in water, a teaspoonful every thirty minutes. Visited her again at 2 o'clock, P. M. No material change except that the pains were more severe. Dilatation of the uterus was not progressing in a satisfactory manner. I now gave her Bell.[3] in alternation with the last named remedy, every thirty minutes. At 5 o'clock P. M., when I saw her again, she was suf-

fering intensely, but the pains remained in the old locality. But little progress had been made so far in the first stage of labor. The uterus was more dilated than three hours ago, but there was no pressing down of the child's head upon the os sufficient to dilate it fully, or to advance the labor satisfactorily. I continued the Bell. and Cimicifuga, and watched for developments in the case. The pains became constantly more severe and harassing, but did not change in character or place, and consequently produced but little good for the patient. Some three hours had now passed since I went to stay with the patient until delivered, and no progress was made, the patient growing more and more restless the while. At 8 o'clock P. M., I gave her a tablespoonful of a decoction of ergot of rye, which the nurse had previously prepared, by my direction, by steeping one drachm of the powdered Secale in a teacupfull of hot water. In ten minutes after taking this dose she had the first regular contraction of the fundus uteri. She immediately spoke of having pains in a new place, and when I told her that this kind of pain would the sooner end her suffering, she determined to bear it like a heroine. The uterus now rapidly dilated, and the head descended into and a little below the brim of the pelvis, and I hoped for a speedy delivery. But fate, or something else, dld not permit such a realization. The head became obstinately impacted in the lower pelvis, and could not be persuaded to move a line, notwithstanding the pains were powerful, and operating in the right direction. She was now totally disheartened, and could scarcely endure the excessive travail. I now commenced giving her small inhalations of Chloroform, just enough to make the pains tolerable, but not enough to produce total anæsthesia. I yet waited awhile, but feeling convinced that nature, unaided, could not accomplish delivery, I proceeded to apply the forceps. Considerable difficulty was encountered in their adjustment, on account of the impaction of the head of the child, but I finally succeeded, keeping her now in a deeper state of anæsthesia than at first. By gradual traction and careful manipulation, I succeeded in delivering her of a living female child at 10 o'clock P. M., to the gratification of all concerned. The umbilical cord was severed without ligation, on account of the congested condition of the

child, but was tied before leaving the house. The placenta came away in about ten minutes, and the patient was made as comfortable as circumstances would permit. No binder was applied in this case, but I use the bandage in some cases, for reasons which it is not necessary here to state. I gave her some Arnica[3], and left her in charge of the nurse. On the next morning, being December 3, I found her in pretty good condition, she had some pain and soreness, but nothing more than usual. On my visit, December 4, I found that she had not passed urine as freely as necessary, and had great pain and tenesmus of the bladder. I relieved her with the catheter, and she had no more trouble of the kind.

From this time forward, she went on rapidly to convalescence without any unusual occurrence. In this case we have additional evidence that chloroform will not interfere with regular labor pains, even when produced, as in this case, by artificial means. This may be due to the fact, as some aver, that the fundus uteri being supplied with nerves from the sympathetic system, is not affected by chloroform, which affects only the cerebro-spinal, unless given in dangerous profusion, in which event, of course, the functions of organic life would be arrested.

CASE II.—Pyemia after abortion at three months.

Was called to see Mrs. H— on the morning of December 26, 1871. She told me she had been "feeling badly" for several days, and the night previous had severe pains. Thought she had miscarried, and an examination of the uterus corroborated her opinion, the fœtus having been thrown off, but the placenta remaining. I endeavored to remove the after-birth, but failed to get much away on account of adhesion, the os uteri being perfectly dilated. I gave her Puls.[3] and visited her again in the evening. I made further efforts to remove the placenta, but could only secure a small portion of it. I now inserted a tampon and gave her Puls.[2] and Cimicifuga[1] in alternation every hour. The next morning I removed in small pieces all that could in any way be detached, and found that it was in a partial state of decomposition. I syringed the uterus with tepid water, and gave Arsenicum[3] every two hours. During the course of the same day she felt some decided rigors, which were

followed by fever and severe pains in the head. No pain was felt about the uterus or any part of the abdomen, at this time. She could bear any amount of pressure over these parts without pain. The head symptoms became very severe, "pain deep in the brain," as she expressed it, and without a moment's mitigation. I gave her, during the continuance of this pain, Acon.[3], Bell.[3] and Zincum met.[3] without effect. During my absence, or rather between my visits, one day, she applied mustard to the forehead, and also to the back of the neck.

When I visited her again, she told me the pain had all left her head. I congratulated her, of course, and left a remedy, as I remarked, to remove the soreness remaining, as the effects of the severe pain. On my next visit I found trouble in the abdominal region. Great tenderness to the touch, violent pain, abdomen distended like a drum, watery, offensive diarrhœa, great sickness of the stomach. There seemed to be a perfect state of fermentation throughout the alimentary canal. Her pulse was weak and beat 120 per minute, face pale, and sunken appearance. In short, I had on my hands a bad case of Pyemia without doubt. I gave her first Arsen.[3] every hour, on account of the thirst and some other symptoms.

After treating the case for a day or more with this and other remedies, I commenced giving her China[3] and Carbo-veg.[3] in alternation every hour. These last remedies seemed to produce slight improvement, but the cause of the trouble had evidently not been reached. After some thirty-six hours had elapsed under these remedies, the case stood very unpromising still. It seemed to me that if I could arrest this fermentation, and this collection of gas in the abdomen, I should relieve my patient. This condition of things was, in my opinion, produced by blood poisoning, and I must get a remedy that would arrest this chemical action. I had in my possession some sulphurous acid manufactured by Powers & Weightman, Phila., and determined to try its effects in this case. The acid is in solution, but what strength I cannot tell. I added one part of the acid to five parts of water, and gave of this ten drops every three hours in a spoonful of water. Between the doses of acid, I gave an occasional dose of China or Carbo-veg. This treatment was kept up steadily until the

tympanitis, diarrhœa, and all the other symptoms had disappeared, which occurred in about four day's time. The bowels and stomach were left in a weak state, so that she could only bear the simplest food, beef teas and farinaceous gruels. The bowels would move involuntarily, but Secale corn.[3] controlled them.

A number of remedies were employed to repair the injuries sustained, but the case improved regularly to complete convalesence. The lady is, at this date, February 5, 1872, quite well, so that I have discontinued my professional visits. I give the treatment of this case for what it is worth; possibly some of my brethren may have other and equally efficient remedies for the same formidable malady.

CASE III.—Fibroid Tumor of the Uterus.

Mrs. B—, pregnant with her second child, commenced having labor pains on the morning of August 26, 1871, with her family physician in attendance. About 10 o'clock A. M., I was called in consultation, there being an abnormal condition of things obtaining.

Upon making an examination of the uterus, the feet of a child were found presenting, together with a prolapsed funis. The pains were neither very strong nor frequent, and having some calls to make elsewhere, I left the patient, advising the attending physician to urge the pains, and deliver as soon as would be consistent with the safety of the mother in view of uterine hemorrhage.

Several hours later I was again summoned to the patient, and found that she had been delivered of a still-born child, the placenta having come away immediately after the child was born. But the uterus seemed as large now as before, a large hard tumor being readily felt through the abdominal walls. The question now was as to the existence of another child in utero. External manipulation did not reveal anything definite beyond the presence of a solid mass of some undefined substance. An examination was now made to ascertain the presentation of the fœtus, if any existed. The os uteri was found still dilated, and could easily be entered by the hand. But so far nothing in the shape of a child was discovered. The hand was now passed upward and

into the womb, as far as what appeared to be the fundas. Still a hard, large mass could be felt above this region. I next determined to ascertain whether there was hour-glass contraction, and something above the point of stricture. But no opening could be discovered, nor any band of rigid muscular fibres, such as generally exist in hour-glass contraction. These points of diagnosis were arrived at by several examinations, as the patient was too weak to manipulate long at a time. On the evening of the day of her confinement, she was taken with severe chills, which were soon followed by fever and delirium; which state of things continued for a time, and was followed by a sinking condition of system and general collapse. She died at 5 o'clock, P. M., August 31. There was considerable dissatisfaction in the family, and amongst old ladies who had witnessed the case, the opinion prevailing among them that there was another child in utero, and that the doctors had not succeeded in delivering her of it, although we had told them that there must be a tumor or something of that kind remaining.

Feeling sure of our diagnosis, we asked for a post-mortem examination, which we were permitted to hold on the morning of September 1st. The result of that examination is before you in the shape of this large fibroid tumor, firmly attached, as you will discover, to the uterus. The specimen is an interesting one, inasmuch as it gives another evidence of the firmness of the attachments of these tumors. The surgeon is often obliged, as you know, to close his exploring incision, when he attempts to operate in these cases. I must not forget to say that Dr. Carmany, of this city, was the physician to this patient, and that he made every effort, with my assistance, to save her life.

Bureau of Organization, Registration and Statistics.

OUR PRESENT CONDITION.

BY PEMBERTON DUDLEY, M. D., OF PHILADELPHIA.

At the meeting of this Society in February, 1871, a resolution was adopted requesting physicians to forward to the Secretary their names and addresses, in order that a complete Directory might be made. It was soon found, however, that this resolution would probably fail in securing the desired object, unless some other measures were also taken to that end. The chairman of this Bureau, therefore, after consultation with the Secretaries, and believing that this work properly belonged to the department of Organization, Registration and Statistics, determined to adopt means not only for obtaining a correct Homœopathic Medical Directory of the State, but at the same time to secure as much as possible of the history of Homœopathy in Pennsylvania, particularly in regard to dates and localities. It was the intention to place this material, when collected, in the hands of physicians residing in the different counties, in order that complete and reliable histories of Homœopathy in these counties might be prepared for publication in the Transactions of the Society.

This scheme, as may well be supposed, involved a great deal of labor, and some expense, but there is little doubt that the latter item will all be returned, with interest, in the treasury of the Society, within the next twelve months. Using as a basis of operations, the list of Homœopathic Physicians contained in Raue's Record for 1870, together with such other information as I had at hand, I made a list of 431 names. From data since collected, 64 of these names have been erased, and 49 new ones added, and the addresses of 37 have been changed. The list

now contains the name, post-office and county of 416 Homœopathic Physicians practising in Pennsylvania. Of these, 18 are known to have commenced practicing Homœopathy in the State during the year 1871. These 416 physicians are scattered throughout 47 of the 66 counties contained in the State, leaving 19 counties in which there is no Homœopathic physician, to my knowledge. These counties, with their population according to the census of 1870, are as follows:

	Pop.		Pop.
Cameron,	4,273	Fulton,	9,360
Clarion,	26,537	Greene,	25,887
Clearfield,	25,741	Huntingdon,	31,251
Elk,	8,488	Indiana,	36,188
Forest,	4,010	Lebanon,	34,096
McKean,	8,825	Somerset,	28,226
Monroe,	18,362	Sullivan,	6,191
Pike,	8,436	Washington,	48,483
Potter,	11,265	Wyoming,	14,585
Snyder,	15,606		
		Aggregate Population,	365,760

It will be sufficiently evident from these figures that, although so much has been accomplished in the way of introducing Homœopathy (an average of more than one county per annum having surrendered to its mild and beneficent sceptre), there still remains a vast amount of labor to be performed, ere the light of our system shall have penetrated all the dark places of our grand old Commonwealth, and the click of the lancet shall be heard no more in the land.

Of the homœopathic physicians of Pennsylvania, at least sixty are known to have graduated in allopathic colleges—a sufficient answer to the allopathic charge that our physicians are uneducated—and about two hundred and ten are known to be graduates of homœopathic colleges. When all the information necessary is obtained, I have reason to believe that it will show that not more than a score, if indeed so many, are practicing without diplomas. Nearly all of those having diplomas from homœ

thic colleges obtained them either from Philadelphia or from Cleveland.

I have received also a considerable amount of information respecting the professional career of quite a number of our practitioners. I suggest that we should still continue to obtain and preserve these materials, in the belief that it will in time become a most valuable acquisition to the Society, not only for reference, but also to aid it in a work that I earnestly hope will be undertaken by the Society when the first fifty years of Homœopathy in Pennsylvania shall have passed away, namely, the preparation of a full and accurate history. Some most important beginnings have already been made in this direction, and others are now in progress. Dr. Joseph E. Jones has given us the history of Chester county, Dr. Williamson that of Delaware and Philadelphia, and Dr. J. C. Burgher that of Allegheny. Dr. Henry Detwiler is now preparing that of Northampton and Lehigh, and Dr. Wm. H. Cook is at the same laudable work for Cumberland, Adams and Franklin. We ought also to have, at as early a day as practicable, the history of Beaver, Berks, Bradford, Crawford, Dauphin, Erie, Lancaster, Luzerne, Lycoming, Montgomery, Northumberland and Schuylkill. If any one will undertake the work in any of these counties, I promise to furnish him all the information I may possess in relation to it.

TREASURER'S REPORT.

DR. *Owen B. Gause, M. D., in account with the Homœopathic Medical Society of Pennsylvania.* CR.

1871,	To balance in Treasury,	$167.21	1871.	By amount paid janitors at Harrisburg,	$20.00
1871–72,	To amount collected during the year for dues, &c.,	328.00		Printing 1300 cards,	6.25
				Printing 500 circulars, Wm. Quinn,	10.00
				Recording Secretary's bill (1871) for sundries,	15.00
				Corresponding Secretary's bill (1871) for sundries,	1.50
			1872.	Senseman & Sons' bill for printing Transactions of 1870–71, and 1,000 extra copies of the Annual Address,	395.50
				Jackson Brothers for printing 700 circulars for meeting of 1872,	15.00
				Corresponding Secretary's bill for postage on Transactions,	12.43
				Recording Secretary's bill for postage, telegraphing, &c.,	11.84
				Balance in Treasury, Feb. 6th, 1872,	7.69
al,		$495.21		Total,	$495.21

The AUDITING COMMITTEE respectfully report that they have examined the accounts and vouchers of the Treasurer, and have found them correct.

C. H. HAESELER,
J. H. McCLELLAND, } *Auditing Committee.*

Constitution and By-Laws.

CONSTITUTION.

ARTICLE I.

THIS Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania, and its object shall be the advancement of Medical Science.

ARTICLE II.

Any physician of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated Medical College, and who subscribes to the doctrine "*Similia Similibus Curantur*," may be elected a member of this Society upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present, at any annual meeting.

ARTICLE III.

Every member shall, upon his admission, sign the Constitution, and pay the initiation fee.

ARTICLE IV.

Any non-resident physician, who shall be judged worthy, from his attainments in medicine or its collateral branches, may be elected a corresponding or honorary member, by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall have no vote, and shall be ineligible for office.

ARTICLE V.

The officers of this Society shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Sec-

retary, a Treasurer, and three Censors, who shall be elected by ballot by a majority of the members present, at every annual meeting; and who shall hold office until their successors are elected.

ARTICLE VI.

The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered.

ARTICLE VII.

The Vice-Presidents, in the order of their election, shall discharge the duties of the President in his absence.

ARTICLE VIII.

SEC. 1. The Secretaries shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence, aud have charge of its archives.

SEC. 2. The Recording Secretary shall keep a record of all the proceedings and resolutions, the names of all delegates and members, with the date of admission of each; notify all committees of their appointments and of the business referred to them; notify all members of their election; authenticate by his signature all papers and acts of the Society, when the occasion requires it, and bring before the Society communications and business needing its action, not otherwise presented.

SEC. 3. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance its intetests; give at least two weeks previous notice of all meetings of the Society, to the members; and keep a record of all the discussions on any and all the branches appertaining to Medical Science that may occur in the Society.

ARTICLE IX.

The Treasurer shall receive all moneys and make all necessary disbursements, and make an annual report to the Society in writing.

ARTICLE X.

The Censors shall receive applications for membership, and report to the Society those qualified for admission.

ARTICLE XI.

The annual meetings of the Society shall be held at such time and place as shall be designated at the annual meeting next preceding.

ARTICLE XII.

Seven members of this Society shall constitute a quorum.

ARTICLE XIII.

Any article of this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

SECTION I.

The annual meeting of the Society shall be held at 10 A. M., at the time and place decided upon at the annual session next preceding, and the President of the Society, with the concurrence of a majority of the Board of Censors, shall have power to direct such other meetings to be held as they may judge advisable.

SECTION II.

The initiation fee shall be two dollars, and each active member shall pay two dollars annually thereafter.

SECTION III.

It shall be the duty of each member to attend the annual meetings of the Society; or, if unable to attend, to furnish the Secretary with some satisfactory reason for his absence, which shall be laid before the Society at its annual meetings.

In case any member shall fail to attend three successive regular annual meetings, or to furnish satisfactory reasons for his absence, his name may be stricken from the list of members by a vote of the Society; this, however, shall not prevent his subsequent re-admission to membership.

SECTION IV.

The names of all active members of the Society remaining in arrears three months after any annual meeting, shall be stricken from the roll, and this provision of the By-Laws shall be appended to all bills.

SECTION V.

At each annual meeting, committees shall be appointed to report upon such subjects as the Society may designate.

SECTION VI.

All communications read before the Society, shall become its property; but no paper shall be published as part of the Transactions of the Society without its sanction.

SECTION VII.

The annual election of officers for the ensuing year, shall take place during the last meeting of the session.

SECTION VIII.

The annual order of business shall be arranged by the Recording and Corresponding Secretaries.

SECTION IX.

These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

List of Members.

Alleman, F. O., M. D., Saxton, Bedford Co.
Allen, J. W., M. D., Altoona.
Ashton, A. H., M. D., 730 S. 10th street, Philadelphia.
*Barnaby, Jno. E., M. D., Pittsburg.
*Barrett, Chas. B., M. D., Iona, Mich.
Bigler, Wm. H., M. D., 1302 N. 6th street, Philadelphia.
Blakely, W. Jas., M. D., Erie.
Boardman, Wm. H., M. D., Pittsburg.
Borland, W. C., M. D., Pittsburg.
Bowie, A. P., M. D., Uniontown.
Bowman, Benj., M. D., Chambersburgh.
*Bratt, B. R., M. D., Reading.
Brickley, Jeremiah W., M. D., York.
Brickley, Obadiah C., M. D., York.
*Brooks, Silas S., M. D., Philadelphia.
Brown, Samuel, M. D., 651 N. 10th street, Philadelphia.
Brown, S. Hastings, M. D., 651 N. 10th street, Philadelphia.
Bryan, John, M. D., Water Cure P. O., Beaver Co.
Burgher, John C., M. D., Pittsburg.
Carmany, C. J., M. D., Harrisburg.
Chandler, G. E., M. D. (?)
Charlton, S. F., M. D., Harrisburg.
Childs, Wm. R., M. D., Pittsburg.
Christ, Wm. F., M. D., Klecknersville, Northampton Co.
Clark, A. J., M. D., Scranton.
Clayton, A. H., M. D., Addisville, Bucks Co.
Cook, Wm. H., M. D., Carlisle.
Cooper, F. D., M. D., Allegheny City.
Cooper, J. F. M. D., Allegheny City.
Coté, Marcellin, M. D., Pittsburg.
Cowley, David, M. D., Wilkins' P. O., East Liberty Village.

* Deceased.

Cox, G. Howell, M. D. (?)
Dake, B. F., M. D., Pittsburg.
Davis, W. Beesley, M. D., 323 Richmond street, Philadelphia.
Detwiler, Henry, M. D., Easton.
Detwiler, John J., M. D., Easton.
Doane, W. C., M. D., Williamsport.
Dreher, C. B., M. D., Tamaqua.
*Dreibelbis, D. L., M. D., Reading.
Dreibelbis, S. L., M. D., Allentown.
Dubs, S. R., M. D., Philadelphia.
Dudley, Pemberton, M. D., 684 N. 12th street, Philadelphia.
Earhart, J. R., M. D., 1839 Arch street, Philadelphia.
Elblein, Adolph K., M. D., Buchanan P. O.
Farrington, E. A., M. D., 1616 Mt. Vernon street, Phila'da.
Faulkner, Robert, M. D., Erie.
Fetterhoff, Hiram R., M. D., Newville, Cumberland Co.
Frazier, J. B., M. D., Conneautville.
Friese, Michael, M. D. Harrisburg.
Frost, J. H. P., M. D., Danville.
Fuller, R., M. D. (?)
Garberich, E. W., M. D., Mechanicsburg.
Gardiner, Richard, M. D., 146 N. 20th street, Philadelphia.
Garvin, John J., M. D., 1546 N. 11th street, Philadelphia.
Gause, Owen B., M. D., 140 N. 12th street, Philadelphia.
Geseler, C. W., M. D., 1432 S. 5th street, Philadelphia.
Gramm, G. E., M. D., 1656 Vienna street Philadelphia.
Guernsey, Henry N., M. D., 1423 Chestnut street, Philadelphia.
Guernsey, W. F., M. D., 4430 Frankford Av., Philadelphia.
Gumpert, B. Barton, M. D., 840 Franklin street, Philadelphia.
Haeseler, C. H., M. D., 2009 Arch street, Philadelphia.
Hall, Wm. D., M. D., Carlisle.
*Herron, Jas. A., M. D., Pittsburg.
Hofmann, H. H., M. D., Pittsburg.
Huebener, O. T., M. D., Litiz.
James, Bushrod W., M. D., 1821 Green street, Philadelphia.
James, David, M. D., 1013 Green street, Philadelphia.
James, John E., M. D., 1013 Green street, Philadelphia.

* Deceased.

James, Walter M., M. D., 123 N. 21st street, Philadelphia.
Jeanes, Jacob, M. D., 521 Vine street, Philadelphia.
Johnson, I. D., M. D. Kennett Square.
Jones, Jos. E., M. D. West Chester.
Karsner, Chas., M. D., 4845 Germantown Av., Philadelphia.
Kennedy, J. C., M D., East Birmingham.
Koch, Aug. W., M. D., 118 N. 12th street, Philadelphia.
Koch, Richard, M. D., 35 N. 12th street, Philadelphia.
Korndoerfer, Augustus, M. D., 805 N. 11th street, Philadelphia.
Lee, John K., M. D., 3800 Chestnut street, Philadelphia.
Lee, C. H., Tarentum.
Lippe, Adolph, M. D., 1204 Walnut street, Philadelphia.
Liscomb, P. D., M. D., Beaver Falls.
Logee, Horace M., M. D., Linesville.
Macfarlan, Malcolm, M. D., 1721 Chestnut street, Philad'a.
Malin, Geo. W., M. D., 4794 Germantown Av., Philadelphia.
Malin, Jno., M. D., 4847 Germantown Av., Philadelphia.
Marks, Wm. F., M. D., Reading.
Marsden, J. H., M. D., York Sulphur Springs.
Martin, H. N., M. D., 500 N. 18th street, Philadelphia.
Mercer, Robert P., M. D., Chester.
Middleton, Caleb S., M. D., 646 N. 10th street, Philadelphia.
Miller, G. M., M. D., Mahanoy City.
Moore, C. N., M. D., East Springfield, Erie Co.
Moore, Thomas, M. D., 110 Tulpohocken street, Germantown.
Morgan, Jno. C., M. D., 1700 Chestnut street, Philadelphia.
McClatchey, Robt. J., M. D., 918 N. 10th street, Philadelphia.
McClelland, Jas. H., M. D., 316 Penn street, Pittsburg, Pa.
McIntire, R. L., M. D., 220 Sandusky street, Allegheny City.
Neville, W. H. H., M.D., 1832 Coates street, Philadelphia.
Ostrander, W. M., M. D., Danville.
Parsons, Anson, M. D., Spring, Crawford Co.
Partridge J. A., M. D., Kalamazo, Mich.
Pond, J. N., M. D., Meadville.
Pfouts, J. S., M. D., Wilkesbarre.
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Pratt, Trimble, M. D. Media.
Preston, Coates, M, D., Chester.

Preston, Mahlon, M. D., Norristown.
Rankin, J. S., M. D., Pittsburg.
Raue, Chas. G., M. D., 121 N. 10th street, Philadelphia.
Reading, Edward, M. D., Hatboro.
Reading, John R., M. D., Somerton.
Reich, B. F., M. D., York.
Reinhold, H. E., M. D. Williamsport.
Reno, Griffith, M. D. Titusville.
Reynolds, W. B., M. D., Carlisle.
Rittenhouse, S. R., M. D., Reading.
Roberts, R. Ross, M. D., Harrisburg.
Roth, A. A., M. D., Frederick, Md.
Rousseau, L. M., M. D., Pittsburg.
Rutter, J. C., M. D., Bloomsburg.
Sartain, Harriet J., M. D., 210 Franklin street, Philadelphia.
Scott, Jas. L., M. D., Coatesville.
Seip, C. P., M. D., Pittsburg.
Smedley, R. C., M. D. West Chester.
Spencer, J. H., M. D., 1306 N. 7th street, Philadelphia.
Sperling, J. G., M. D. (?)
Speth, W. F., M. D., Lewistown.
Spooner, E. H., M. D., Reading.
Stevens, Chas. A., M. D., Scranton.
Taudte, F., M. D., Buchanan P. O.
Taylor, W. G., M. D , Columbia.
Thomas, A. R., M. D., 937 Spruce street, Philadelphia.
Toothaker, C. E., M. D., N. W. cor. 17th and North sts., Phila.
Trites, Wm. Budd, M. D., Manayunk.
Urie, Wm. T., M. D., Chestertown, Md.
Von Tagen, Chas. H., M. D., Harrisburg.
Walker, Mahlon M., M. D., 5262 Germantown Av., Philad'a.
Wallace, M. W., M. D., Allegheny City.
Wallace, Thos. C., M. D., Allegheny City.
Wareheim, Edward A., M. D., Glen Rock.
Waters, Geo. H., M. D., 474 N. 6th street, Philadelphia.
Weistling, C. J., M. D., Harrisburg.
Williams, Thos. C., M. D., 567 N. 5th street, Philadelphia.
*Williamson, Walter, M. D., Philadelphia.

* Deceased.

Williamson, Walter M., M. D., 29 N. 11th street, Philadelphia.
Willard, L. H., M. D., Ohio and Beaver streets, Allegheny City.
Willits, Wm., M. D., Williamsport.
Wilson, Wm., M. D., Chariton, Iowa.
Wiltbank, Comly J., M. D., 2132 Pine street, Philadelphia.
White, Newell, M. D., New Castle, Lawrence Co.
Wood, Jas. B., M. D., West Chester.

HONORARY MEMBERS.

Dake, Jabez P., M. D., Nashville, Tenn.
Doran, Chas. R., M. D., Hagerstown, Md.
Helmuth, Wm. Tod, M. D., New York.
*Lovejoy, E., M. D., Oswego, N. Y.
Paine, H. M., M. D., Albany, N. Y.
Payne, Wm. E., M. D., Bath, Maine.
Pulte, J. H., M. D., Cincinnati, Ohio.
Rockwith, F. A., M. D., Newark, N. J.
Talbot, I. T., M. D., Boston, Mass.

CORRESPONDING MEMBERS.

Marix, Meyer Martin, M. D., Denver, Colorado.

* Deceased.

TRANSACTIONS

OF THE

EIGHTH AND NINTH ANNUAL SESSIONS

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

February 5th and 6th, 1873.

October 1st and 2d, 1873.

PHILADELPHIA:

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1874

PREFACE.

In issuing the "Transactions" of the Eighth and Ninth Annual Sessions of the HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, the Committee of Publication beg leave to call attention to the fact, that the paper on "Diseases of the Bones," presented at the eighth session by the Allegheny County Medical Society, was, by vote of the State Society, ordered to be presented to the American Institute of Homœopathy; and the paper on the "Rise and Early Progress of Homœopathy in Northampton County," by Dr. H. Detwiller, as also the one entitled "A History of Homœopathy in Delaware County," by the late Dr. Walter Williamson, were withdrawn from the Committee of Publication, and referred to the Bureau of Organization, Registration and Statistics. This will explain the non-appearance of these papers in the present volume.

The Committee would gratefully acknowledge their obligations to Dr. R. J. McClatchey, for his careful and thorough revision of the proof-sheets, and for other valuable aid and suggestions.

PEMBERTON DUDLEY,
MAHLON M. WALKER,
COMMITTEE OF PUBLICATION.

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Standing Resolutions.

RESOLVED, That the Homœopathic Medical Society of Pennsylvania, in accepting and publishing Reports of Committees in their Proceedings, *does not necessarily endorse the same.*

RESOLVED, That no longer time than fifteen minutes shall be taken up in reading any single Report. If the Report is of such length as would occupy a longer period, a synopsis of the same, giving the principal points, may be read, and the Report itself referred to the Publishing Committee.—*Adopted June* 3, 1867.

RESOLVED, *That the Code of Ethics* adopted by the American Institute of Homœopathy, at its twenty-first session, is hereby adopted as the *Code of Ethics of the Homœopathic Medical Society of the State of Pennsylvania.—Adopted May* 19, 1869.

RESOLVED, That when the Society adjourns, it be to meet in Philadelphia on the first Wednesday of October, 1874, and that hereafter, meetings be held in Philadelphia, Pittsburg and Harrisburg, in rotation.—*Adopted October* 2d, 1873.

RESOLVED 1st. That instead of the "Committees on Scientific Subjects," as heretofore, a system of *Bureaus of Scientific Subjects* shall be inaugurated, the members thereof to be appointed at each annual meeting, after each Bureau shall have rendered its report for the preceding year.

2d. That there shall be a Bureau of Materia Medica and Provings, one of Clinical Medicine and Zymoses, one of Surgery, one of Obstetrics and Diseases of Women and Children, one of the History of Homœopathy in Pennsylvania,* and a Bureau of Miscellaneous Subjects, to include Anatomy, Physiology, Chemistry, and Hygiene.

3d. That each Bureau shall consist of five members.

4th. That homœopathic physicians in all the counties of the State be, and are hereby requested to form County or District Medical Societies, to co-operate with the State Society.

* Since altered to the "*Bureau of Organization, Registration and S*

5th. That the homœopathic physicians of the various counties be, and are hereby requested to make efforts to secure csuch ation of the Legislature as shall insure the extension of the provisions of the "County Medical Bill" to their counties.—*Adopted June* 4, 1870.

RESOLVED, That all homœopathic physicians throughout the State be requested to send to the Recording Secretary of the State Society their names and addresses (post-office and county), with the college from which they graduated, and date of graduation, in order that a complete directory may be made.—*Adopted February* 2, 1871.

RESOLVED, That active members of this Society who may remove beyond the limits of the State, are privileged to retain their membership under the Constitution and By-Laws of the Society.—*Adopted February* 7, 1872.

RESOLVED, That each county or local Society prepare and discuss during the year, a paper upon some scientific subject, and present the same at the annual meeting of the State Society, for further discussion and adoption; and that of the papers thus offered, the one deemed most worthy shall be selected as the State Society paper for presentation to the American Institute of Homœopathy.—*Adopted Feb.* 8, 1872.

RESOLVED, That hereafter no report or paper will be received by this Society in an incomplete or unfinished condition; and any report or paper having been received by the Society and referred to the Committee of Publication, shall pass at once into possession of the Secretaries, and shall not be returned to the writer under any representations that may be made.—*Adopted February* 6th, 1873.

RESOLVED, That the Treasurer be instructed to notify all delinquents to the amount of five dollars that if their accounts are not settled within three months of said notification, their names shall be dropped from the roll; and the persons thus dropped shall not be re-admitted until all dues shall be paid.—*Adopted October* 1, 1873.

RESOLVED, That instead of the appointment of delegates to other societies, the Secretaries be, and they are hereby instructed to solicit an exchange of publications with said societies, and from these prepare an annual report of their condition and prospects, and present the same at the annual session of this body.—*Adopted October* 2, 1873.

PROCEEDINGS

OF THE

EIGHTH ANNUAL SESSION

OF THE

Homœopathic Medical Society

OF THE STATE OF PENNSYLVANIA,

Held at Harrisburg, February 5th & 6th, 1873.

First Day—Morning Session.

The Society was called to order at 10 o'clock, by the President, Bushrod W. James, M. D., of Philadelphia, who opened the proceedings with the following address, his subject being "The Annihilation of Diseases:"

Fellow-members of the Society: Another year of prosperity to our system of medicine and to our organization has rolled around, and we are assembled again to compare our experiences, to hear reports from the various bureaus, county societies, and members, to discuss matters of general welfare to sick and suffering humanity, and to propose further measures for the advancement of medical science, and the means to be adopted for still greater medical reform.

We live in the age of progress, and we must act and work individually as becomes "live" men, and collectively as a vigorous body of scientific explorers.

The science and art of medicine has passed through its dark and barbarous ages, and is now really in the middle ages of

more refined skill and of progress; and ere many more years shall roll around, we hope it will be a complete and perfect science and art, when it shall become a conqueror of all the various forms of disease now known; when no malady shall be deemed incurable, no disease be regarded as necessarily fatal; when all doubt in medicine shall be dispelled; when confidence in it, and esteem for it, shall be established, and quackery expire of marasmus or starvation.

Neither the self-styled regular school of medicine, with all its accumulated store of three thousand years of knowledge, experience and experimentation, nor Homœopathy, with about sixty-three years of medical reformation, have, so far as I know, as yet arrived at the proper method of saving in the aggregate human life, or in curtailing suffering among accumulated population, by preventing humanity from having or being susceptible to disease, or by directly abolishing the diseases themselves.

What disease has ever yet been blotted out of existence? What malady that existed three thousand years ago is there not now found to be prevailing as fatally as then? while the number has largely increased, and some of them have become much more prevalent and fatal. The rapid increase of population, it is probable, has alone saved the human race from gradually fading from the earth.

We must utterly destroy the miasmatic poisons, or specific animal and vegetable morbific agents, that produce these different diseases, or no progress will ever be made in the right direction. Destroy the poisons of the typhus fever, and one grand step will be made. Annihilate the miasm of cholera, and destroy the generating source of this miasm at the delta of the Ganges and elsewhere, once effectually over the globe, and a second step will be made. Then cast into oblivion the contagious elements of variola, and another step will be made; and so on as the different maladies are swept away, other progressive footprints will be made upon the history of medicine.

These may be non-professional ideas, but a man can afford to be heretical upon a subject in which so comparatively little real visible progress has been made. Physicians are battling disease with the small end of the club, while they hold the large unwieldy butt. Now it is time to reverse the weapon, and strike more weighty blows.

Let contagious and epidemic diseases be once obliterated, and we shall then have the science of medicine laying down such laws for humanity to follow, that to disobey them will be an act of suicide on the part of the disobedient.

Preventive medicine, as generally construed, is a very laudable mode of practice; it is the damming back of the destructive malady, preventing it from spreading further among other human beings. But I urge that the profession shall no longer rest satisfied with the old-time methods and forms of prevention, but go more thoroughly to work to dry up the fountain of disease; in other words, kill the causes, annihilate the prime disease-producing elements, so that none of its germs will lurk around, ready to develop and reproduce the disease as predispositions arise.

For instance, take small-pox, which is prevented by vaccination, or the ordinary scarlatina, which is prevented by small doses of belladonna. These are both examples of preventive or prophylactic practice. You here modify or ward off the disease by placing the system of the individual to be protected under the influence of another agent. Now, if we were able to destroy the contagious poison itself, as it is generated or thrown off from the afflicted sufferer, would it not be a much more effective kind of prevention; and not only so, but were we able to detect and destroy all such germs or seeds of poison, as well as the poisons wherever they exist, would we not soon arrive at the perfection of preventive medicine?

Preventive medicine, as now understood, means little more than *modifying* the disease. A curious proof of the modifying influence and lessening of the death-rate in preventive medicine

in small-pox, is found in the observations of Professor Haughton, of Ireland, who, on learning how many small-pox cases had been treated, and how many had died in any given epidemic of the malady, can, with almost unerring certainty, tell how many of the number had been vaccinated, and how many had not. He found, by accurate observation, that a vaccinated person has ten chances of recovering from variola where an unvaccinated individual has but one. A brief quotation will be of interest on this point.

"Professor Haughton learning that in a given hospital in Dublin so many cases of small-pox had been treated, of which number so many had died, calculated that 120 of the cases treated had not been vaccinated. Writing this to the physician in charge, that gentleman consults the records, and finds that 119 were recorded not vaccinated."

And again, obtaining the small-pox statistics of Birmingham, Prof. Haughton computes from the following naked figures a like marvellously accurate result: 1911 cases of small-pox treated, 262 of which died, Prof. Haughton, having only these two factors, says at once: "Of the 1911 cases, 230 had never been vaccinated." Subsequent research revealed that 209 of the 1911 cases were certainly non-vaccinated, and 44 were doubtful. Assuming half the doubtful as non-vaccinated, the total non-vaccinated made 231, as against the Professor's 230.

As with Dublin and Birmingham, so with Liverpool; and now for the explanation. The Professor has ascertained, that of every 100 non-vaccinated persons attacked by small-pox, 66 died; while of every 100 vaccinated persons so attacked, only $6\frac{4}{10}$ died. Giving the total number of persons attacked, and the total deaths, it requires no magic to tell how many of the total number were, and how many were not, vaccinated.

Do not misconstrue my meaning and my view.

I do not wish to stop the *cure* of disease, or the modification of disease by preventive and prophylactic measures, nor do I say that medical science is to be abandoned now; but I

do claim that in the future the annihilation of special diseases, and of whole classes of maladies, ought to progress so far that little or no curing will be required, and the medical talent of the world will be turned largely in the direction of completely preventing disease, and of driving its various forms out of existence.

But it may be urged that there are natural laws of decay and destruction, and that mankind, for illustration, is like a fruit tree, which bears some fruit that is puny and sickly, and that drops early, some at one stage of growth and some at another, while others will be perfect and sound, and drop only when fully matured by age.

Of course these laws are in operation, not only in the human race but in all the varieties of animal life; and their effects vary in different individuals according to the vigor of the constitution. Still there are diseases which make inroads upon the most vigorous individuals, and even upon masses of healthy humanity, and either sweep them out of earthly existence or impair their strength and vigor for life. These are the morbid enemies we should war against, and, if possible, annihilate.

Should the theory of spontaneous generation of diseases be correct, it may be thought that such views would conflict with it; but nay, this would only involve the constant discovery of agents to destroy the newly generated poisons and miasms as they come into existence.

The daily weather reports from the Signal Service Bureau at Washington, I regard as a valuable aid both to practitioners and to the people at large, as a warning to the delicate and sick against approaching changes of atmospheric conditions and temperatures, and the baneful influences of these variations, which are now foretold with tolerable accuracy by this wonderful system of observing the weather all over the country, and the advancing currents of air and their respective temperatures.

But this valuable service needs to progress still further.

We must know the electrical conditions of the atmosphere as well as the temperature and storm, and all at the same time, and then we must know the mortality from prevailing diseases in different cities at corresponding hours of the day and night, as well as what affections are prevailing, and how the changes of moisture, or temperature, or electrical state, or relative proportion of oxygen in the air affect both sick and well humanity, in making the former better or worse, or in producing maladies in the latter.

Physicians will be obliged to diagnose their cases accurately, and daily records will have to be kept, and reports made not only of deaths, but also of the different diseases under treatment. Such a system of observations, properly made under the authority of the National government, could not fail of yielding most glorious results to our nation and people. When this is perfected we can ascertain just how climates and climatic influences affect the various prevalent maladies, and a certainty will be established in this direction where great uncertainty now exists.

We shall then be able to announce the approach of diseases, and to compute their speed of travel, and thus throw a safeguard to the unwary, tell them of coming epidemics, and instruct them how to avert them, until such future era shall arrive in which we shall have exterminated the various maladies.

Our nation is an aggregation of individuals, and the government is administered by a few who are sent by authority of the masses to make and enforce laws for the general welfare of all. Hence such a measure should find no opposition to its adoption, for the nation's destiny and power depend upon the good health and vigor of its subjects.

We are, gentlemen, but a State organization, I know, but may we not as a body put forth our energies toward the complete conquest and annihilation of disease? This I regard as in our line of duty as medical men. So let us onward to its

accomplishment despite the opposition of all enemies, and the sneers of those who decry all new projects.

The roll was then called, and the addresses of members corrected. Physicians were found to be in attendance from the following counties, viz: Adams, Allegheny, Berks, Chester, Cumberland, Dauphin, Fayette, Lycoming, Mifflin, Montgomery, Philadelphia, and York.

The following physicians were proposed for membership, and the proposals were, under the rules, referred to the Board of Censors:

Matthew S. Williamson, M. D., Philadelphia; Emanuel M. Scheurer, M. D., Clearfield; John G. Houard, M. D., Philadelphia; J. Stuart Leech, M. D., Downingtown; C. W. Hoyt, M. D., Sharon; Edward N. Harpel, M. D., Shenandoah; J. Grant Gilchrist, M. D., Tidioute; M. Joseph Koenig, M. D., Jersey Shore; I. Elmer Cook, M. D., Harrisburg; Benjamin Becker, M. D., Pottsville; Charles T. Roseberry, M. D., Easton; Walter F. Edmundson, M. D., Allegheny City; Charles F. Bingaman, M. D., Pittsburg; C. D. Herron, M. D., Pittsburg; Henry W. Fulton, M. D., Pittsburg; Isaac Lefever, M. D., Harrisburg; George C. McDermott, M. D., Warren; Ignatius Brugger, M.D., Lewisburg; Peter S. Duff, M. D., Coyleville; Sarah T. Rogers, M. D., Philadelphia.

In the absence of Drs. H. N. Martin and W. D. Hall, members of the Board of Censors, the President appointed Drs. D. Cowley and C. J. Weistling, to fill the vacancies.

The report of the Treasurer, Dr. O. B. Gause, was presented and on motion accepted.

The President appointed as a committee to audit the accounts and vouchers of the Treasurer, Drs. H. R. Fetterhoff and H. H. Hoffman.

Dr. H. R. FETTERHOFF reported on behalf of the delegates to the American Institute of Homœopathy.

Dr. R. J. McCLATCHEY reported on behalf of the delegates to the New Jersey State Medical Society, that the Society is

in a prosperous condition, and that Homœopathy is making rapid progress in the State.

Dr. COWLEY, the delegate to the State Society of California, said that he had not attended the meeting of that body, and could present no report.

Dr. J. C. BURGHER urged that whenever it is not practicable for the delegates to attend the sessions of the society to which they are appointed, they should at least forward a report of our own society, and also secure if possible a report from the corresponding body, to be incorporated in our transactions.

Dr. DUDLEY: If I am correctly informed, the Massachusetts State Society has adopted a rule requiring of delegates the performance of the duty just urged by Dr. Burgher.

The Committee on Charter asked leave to defer the presentation of their report until the second day of the session.

Dr. R. J. MCCLATCHEY, for the Committee of Publication, reported that they had fulfilled the duties of their appointment as well as the limited means at their disposal would admit; and gave notice of his intention to introduce a resolution to increase the dues of members, and thus extend the usefulness of the Society.

The Alleghany County Medical Society reported through Dr. D. Cowley.

The Dauphin County Society reported through Dr. M. Friese. The Cumberland Valley Society through Dr. Fetterhoff. The Society of Chester, Delaware, and Montgomery Counties, through Dr. M. Preston, and the Philadelphia County Society through Dr. R. J. McClatchey. These reports indicate a flourishing and encouraging condition of all these societies.

The auditors reported that they had examined the Treasurer's accounts and vouchers, and found them correct. The report was accepted, and the Treasurer's report adopted.

Dr. J. H. MCCLELLAND, on behalf of the Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburg,

reported that the institution is in a most prosperous condition, having paid off a floating debt of $5000, and an equal amount on the real estate, leaving but $5000 remaining on the latter, which is valued at $50,000. The number of patients treated exceeds that of any former year, and has about reached the maximum (325) that can be accommodated with the present facilities. At an early day it is proposed to extend the hospital upon adjoining property belonging to the corporation.

Dr. BURGHER desired to add to Dr. McClelland's statement the remark that in connection with the hospital they have the only free dispensary west of the Alleghanies.

Dr. McCLATCHEY moved a vote of thanks to the managers and professional staff of the Pittsburg hospital for the energy and wisdom displayed in its organization, and in carrying out the objects of such a praiseworthy enterprise. The motion was unanimously adopted by a rising vote.

Dr. J. E. JAMES reported on behalf of the M. E. Old Folks' Home, of Philadelphia, and Dr. Dudley on behalf of the Baptist Home of Philadelphia, the latter institution being under the medical care of Drs. G. J. McLeod and S. Hastings Brown.

Dr. DUDLEY also reported that Dr. A. W. Blakeslee has been appointed physician to the County jail of Mercer county.

Dr. McCLATCHEY, the editor of the *Hahnemannian Monthly*, reported that the condition and prospects of that journal, already of the most flattering character, are constantly improving, and its influence is being rapidly extended.

Dr. H. F. HUNT, of Camden, N. J. presented an interesting report from the Homœopathic Medical Society of that State. The Society numbers eighty members, and its meetings are interesting, instructive, and well attended.

An interesting report was received from Dr. Conrad Wesselhœft, the delegate from the State Medical Society of Massachusetts, in reference to that Society, and the condition of Homœopathy in that State.

On motion of Dr. Thomas Moore, the Society ordered that

visiting physicians be invited to take part in the discussions.

The reports of bureaus of scientific subjects being then in order, Dr. J. C. Burgher asked that the reception of the report on Materia Medica and Provings be deferred until the afternoon session. The request was, on motion, granted.

The report of the Bureau of Clinical Medicine and Zymoses was next presented by the Chairman of the bureau, W. M. Williamson, M. D., of Philadelphia. The report includes the following papers:

"A case of Chorea," by W. R. Childs, M. D. of Pittsburg.

"Clinical Observations on Twenty-one Remedies," by W. M. Williamson, M. D. of Philadelphia.

"Six Clinical Cases," by W. M. Williamson, M. D.

"Disease of ths Right Auricle," by D. Cowley, M. D. of Pittsburg.

"Clinical Cases," by S. R. Rittenhouse, M.D. of Reading.

"Clinical Case," by Charles A. Stevens, M.D. of Scranton.

"Uterine Hemorrhage after Abortion." "Uterine Hemorrhage consquent on Change of Life." "Ulceration of the Right Inferior Molar," by W. D. Hall, M. D., of Carlisle.

"Experience in the use of Bromine," by A. Elblein, M. D. of Pittsburg.

"Struma and its Treatment," by A. Elblein, M. D.

"Two cases of Disease of the Ear," by M. M. Walker, M. D. of Germantown.

"Two cases of Eczema." by M. M. Walker, M. D.

The papers of Dr. W. M. Williamson, entitled "Clinical Observations," and "Six Clinical Cases," were read by that gentleman, and on motion accepted and referred to the Committee on Publication. In the discussion which followed,

Dr. MAHLON PRESTON mentioned a case of hooping-cough in which the paroxysms of coughing continued two hours at a time, the cough being peculiarly short, dry and hacking, the patient desiring to be held in the erect posture. Nicolum 200th, every two hours, for one day, afforded marked relief.

On motion, Dr. Preston was requested to prepare a paper

giving his experience with Nicolum in pertussis, and forward it to the Committee of Publication.

Dr. PRESTON also reported a case of ulcer on the calf of the leg, in which there was sharp stinging pains at night. He gave Ammonium mur., and the ulcer healed entirely in three weeks. The case had been one year under old-school treatment. He likewise mentioned a case of epistaxis, or bleeding from the nose, in which the blood flowed freely from both nostrils, to complete fainting of the patient. Application of tannin always gave temporary relief, but other styptics failed entirely. Belladonna seemed to be indicated by the symptoms; it was given in the two hundredth potency, and entirely arrested the flow.

Dr. M. COTE said he had had a very large experience in treating bleeding from the nostrils. During the past two years he had given Belladonna 200th, with a curative result in every case.

Dr. W. M. WILLIAMSON recommended Crocus as a most important remedy in epistaxis.

Dr. H. F. HUNT, of Camden, N. J. highly praised the action of Erigeron in such cases.

Dr. THOMAS MOORE, of Germantown, thought we should give the indications which lead us to the use of these remidies, and be able to tell why we give Belladonna, Crocus or Erigeron.

Dr. WILLIAMSON said he omitted to give symptoms for Crocus simply because Dr. Preston had given them very clearly in his paper.

Dr. PRESTON said that in the case he reported, he had given Crocus, but it had failed, and he had been induced to give Belladonna.

Dr. HUNT preferred Crocus to other remedies when the blood was stringy, and Belladonna where the blood flowed freely, or drop by drop.

Dr. A. P. BOWIE, of Uniontown, had used Crocus sat., 30th, successfully in a case of epistaxis in which the blood

seemed to come from a fungus of the antrum Highmorianum. The blood was dark and stringy, the patient pulling long strings from the nares. Although the attacks had been frequent, there was no return of the hemorrhage after the remedy had been used.

Dr. B. W. JAMES said that in applying the plug to the posterior nares in cases of epistaxis, the sponge should be attached to the middle of the safety string, allowing one end of the string to hang out of the mouth and the other out of the nostril.

Dr. McCLELLAND regarded the method recommended by Dr. James as the best that could be devised in such cases.

Dr. DAVID COWLEY called attention to the use of Hamamelis when the blood is dark-coloured and fluid. After an operation for syphilitic onychia, where the hemorrhage was considerable, Hamamelis acted nicely after Monsell's salt had failed to suppress the hemorrhage.

Dr. M. PRESTON desired special indications for the use of Hamamelis. He had come to regard it as an over-praised remedy.

Dr. THOMAS MOORE said tenderness across the region of the abdomen was an indication for the use of Hamamelis in intestinal hemorrhage.

Dr. M. FRIESE, of Harrisburg, thought passive venous hemorrhages were specially controlled by this drug.

Dr. B. W. JAMES used it particularly where there was an evident hemorrhagic diathesis.

Dr. H. F. HUNT had used it with great success in cases of hemorrhage from piles, in which the loss of a small quantity of blood was followed by a prostration out of proportion to the loss. Dr. Hunt also spoke of the use of Hydrastis in the sore mouth of infants, and in nursing sore mouth, a strong indication being an excessive coating of the tongue. He could also recommend it highly for gleet, and in cases of neglected syphilis. He regretted its meagre provings.

Dr. WILLIAMSON stated that a very copious proving of

Hydrastis could be found in a recent publication of the American Institute of Homœopathy. He agreed with Dr. Preston that Hamamelis was a greatly over-estimated remedy. Two years ago Dr. Doane reported to this Society a case of hemorrhagic diathesis, which was almost staggering to belief. This same patient had fallen into his (Dr. Williamson's) hands, when attacked with small-pox last winter. The disease took the hemorrhagic form, and the pustules were filled with blood. Hamamelis relieved the man, but he died on the seventh day after the appearance of the eruption.

Dr. COWLEY said Dr. Hoffman had succeeded in checking a case of hemorrhage with Hamamelis after other remedies had failed to produce any effect.

Dr. FRIESE reported a case of hæmatemesis in which Hamamelis was eminently successful. The blood in this case was of a dark color.

Dr. PRESTON called attention to Phosphorus as an excellent remedy in hemorrhage.

The Censors reported favorably upon the following applications for membership: M. S. Williamson, E. M. Scheurer, J. G. Gilchrist, G. C. McDermott, M. J. Koenig, Edward N. Harpel, C. W. Hoyt, J. Stuart Leech, J. G. Houard, B. Becker, C. F. Roseberry, I. Elmer Cook, W. F. Edmundson, C. F. Bingaman, C. D. Herron, H. W. Fulton, Isaac Lefever.

On motion, the report of the Censors was received.

On motion the above-named gentlemen were elected to membership.

The Society then adjourned, to meet in the afternoon at 3 o'clock.

AFTERNOON SESSION.

The Society reconvened at 3 P. M., and the consideration of the report of the Bureau of Clinical Medicine and Zymoses was resumed.

Dr. W. D. Hall's papers on "Uterine Hemorrhage," and Dr. W. R. Child's paper on "Chorea," were read, and on motion, accepted and referred to the Committee of Publication, as were also the remaining papers of the bureau.

Dr. M. PRESTON said he had proved Mygale clinically and cured the following symptoms: Twitching of the muscles and shrugging of the shoulders, returning every day; the child could not stand; jerking up of the lower limbs, complete inability to walk or stand; acute aching in the right ear, occurring every night between midnight and morning, driving her out of bed; constant motion of the hands and arms. Mygale, 6th potency, was given, and relief was obtained in twenty-four hours although other remedies had failed, and the case was cured in three weeks.

The report of the Bureau of Materia Medica and Provings, was presented by its chairman, Dr. John C. Burgher, of Pittsburg. The papers in possession of the bureau were as follows:

"Partial Proving of Macrotin," by C. P. Seip, M. D. of Pittsburg.

"Verified Symptoms," by H. N. Martin, M. D. of Philadelphia.

These papers were read, accepted, and referred, as usual.

Discussion on the papers being then in order, Dr. Fetterhoff said he had used Apis in diphtheria, indicated by numbness of the limbs, frequent urination, and the usual grayish appearance of the exudation.

Dr. WILLIAMSON had seen benefit from Iodide of Arsenic in mammary and other forms of abscess, characterized by the usual throbbing, with very great restlessness, or in children peevishness, &c. In tonsillitis, Apium virus is an excellent remedy, but in diphtheria he could not corroborate the experience of Dr. Martin.

Dr. FETTERHOFF had seen Apis act remarkably well in diphtheria, where both tonsils were nearly covered with exudation.

Dr. WILLIAMSON defined the difference between Apis mellifica and Apium virus, and stated that the provings were made with the latter.

Dr. WALKER had, last March and April, about forty cases of diphtheria to treat. When there is great pain in swallowing, Lachesis two hundredth, has almost magical effect. Lycopodium has more effect when the left side is principally involved. He had used Mercurius jodatus when the whole throat and fauces, including the glands, were swollen, and there was profuse salivation.

Dr. RICHARD KOCH, of Philadelphia, had a great deal of doubt as to the authenticity of many of the cases reported as diphtheria. He, although not claiming to have a very large experience, had but very few cases of what he would call true diphtheria; and he feared that very many cases reported as such were simply more or less bad cases of sore throat. True diphtheria was a very severe disease, and completely prostrated the patient.

Dr. DUDLEY said his experience agreed exactly with that of Dr. Koch, and his opinion on this point also. In a comparatively busy practice he had seen but two cases in twelve months, one of which was brought from New Jersey.

Dr. M. FRIES had seen a considerable number of cases, some of them attended with the extreme prostration so frequent in the disease.

Dr. KOCH regarded diphtheria as a constitutional disorder, a blood disease, and even in comparatively mild cases the prostration is so extreme that the patient is confined to the bed within twenty-four hours from the commencement of the attack.

Dr. J. H. MARSDEN, of York Springs, thought there were many cases reported as diphtheritic that were not really diphtheritic. He had seen such errors of diagnosis in his own section of country. Patches of muco-purulent matter were mistaken for diphtheritic deposit. He had seen no cases of real diphtheria for years in Adams County. He did not think,

however, that prostration was a decisive diagnostic symptom in all cases. He had had a case in his own house, in which the exudation was tough and leathery, and he regarded this toughness as a strong diagnostic symptom. This was years ago. There were many cases of true diphtheria, but there were, at the same time, a large number of cases of a less malignant form of sore throat, and no doubt many of these passed under the name of diphtheria. The opinion might be entertained that these might have been aggravated or possibly caused by the same poison, which, in more susceptible individuals, manifested itself in the form of true diphtheria. He would not, however, venture to assert that such was the fact.

Dr. COWLEY mentioned a case in which apparently slight constitutional disturbance was attended with diphtheritic deposit, and followed by speedy death.

Dr. HUNT considered the disease a purely constitutional one, and that death occurs, not from local disorder, except when the exudation extends into the air-passages, but from the general disturbance. Ulcerated sore throat proper does not produce such grave general effects, except in rare cases.

Dr. KOCH reminded the members that the microscope affords a certain differential diagnosis; diphtheritic exudation being fibrinous, while the deposit of ulceration is mucous in its character.

Dr. FETTERHOFF mentioned a case in which spots resembling in their grayish-yellow color the patches on the mucous membrane, appeared on the general surface. Apis seemed to relieve the case very promptly. In other cases the exudation had appeared upon the mucous membrane of the generative organs.

J. H. MCCLELLAND stated that he had used Kali bichromicum with excellent effect.

Dr. COWLEY asked if mild cases might not be cut short, so that the patient need not be confined to bed.

Dr. KOCH said he could only state his own opinion, which was that the course of true diphtheria could not be cut short, any more than the course of a case of scarlatina could be.

Dr HUNT believed the disease to be contagious, but he was quite sure that its course could be shortened by proper medication.

Dr. KOCH did not wish to be understood that the disease could not be lessened or lightened, but he did believe that the disease must run through a pathological course, which may require, however, a longer time in some cases than in others, and this difference of time may depend upon the treatment used, as well as upon other causes.

Dr. COWLEY called attention to the fact that patients after diphtheria were liable to the reappearance of the diphtheritic patches at subsequent times, these being excited by taking cold. Physicians had come to call these "diphtheritic patients," and every physician meets with them.

Dr. J. C. BURGHER, of Pittsburg, did not regard this disease as contagious. He was of the opinion, however, that the exudation was altogether disproportionate to the amount of constitutional disturbance.

Dr. WILLIAMSON. Dr. Koch has used the word deposit as though he meant to say that the diphtheritic membrane was placed upon the surface of the mucous membrane. Dr. McClelland called it an exudation. He agreed with the latter. It is an exudation beneath the mucous membrane. We often use the word "like," and there are various degrees of similitude. Thus cholerine is more or less like cholera. Thus, too, some cases of ulceration of the throat approach more and others less towards diphtheria, with more or less simulation of diphtheritic appearance. There is a peculiar odor in diphtheria, which few who have noticed it can ever mistake. Dr. Williamson then gave the indications for the use of Croton tiglium as follows: Not much, if any, hoarseness; not much difficulty of swallowing, but excessive exhaustion, perhaps coming on with alarming suddenness; this latter symptom, however, he did not regard as a characteristic symptom of Croton.

Dr. MCCLELLAND observed that different opinions had been

expressed by the members regarding the duration and severity of the disease. First, that it always induced complete prostration, and ran an uninterrupted course; second, that the patients are about and on their feet shortly before death. He believed that diphtheria, like other diseases, differed in its duration and severity, and could be modified and cut short by appropriate treatment.

He regretted to see so much difference of opinion among physicians respecting the symptoms of this malady. He deemed it a matter of certainty that there was a constitutional disturbance which was the cause of all the local difficulty, and of death in the large majority of fatal cases.

Dr. J. F. COOPER said, that at the very outset of many of his cases there were undoubted evidences of serious blood-poisoning. The effects on the general system showed it to be so. In addition we have embolism, heart-clot, ulceration of the stomach. Sudden collapse and sudden death point to the same conclusion. A rash, resembling in some respects that of scarlatina, occurring on the large joints and other portions of the general surface, also confirms the supposition. He had used a number of remedies in combating the disorder, among which he would mention Merc. jod., Kali bich., Rhus, and Lachesis. He was confirmed in the opinion that the local trouble was an outgrowth of a more deeply-seated disorder.

Dr. COWLEY narrated two cases in which a peculiar deposit upon the fingers was followed by an attack of diphtheria.

Dr. KOCH recommended Iodide of Arsenic in cases of mercurialization.

The report of the Bureau of Surgery was then presented by the chairman of the bureau, J. H. McClelland, M. D., of Pittsburg. The report included papers entitled:

"Separation of the Ligamentum Patellæ from the Head of the Tibia," by M. M. Walker, M. D.

"Injury of the Abdominal Parieties," by E. W. Garberich, M. D.

"Diseases of the Bones," by the Alleghany Medical Society, including "Caries," by C. P. Seip, M. D., "Necrosis," by L. H. Willard, M. D., and "The Regeneration of Bone," by J. H. McClelland, M. D.

"Ovariotomy," by D. Cowley, M. D., of Pittsburg.

"Gunshot Fracture and Partial Excision of the Inferior Maxillary Bone," by H. W. Fulton, M.D., of Pittsburg.

"Surgical Cases," by M. Macfarlan, M. D., of Philadelphia.

"The Treatment of Hydrocele by Galvano-Puncture," by J. H. McClelland, M. D.

"Denudation of the Cranium, followed by diffuse Erysipelas," by S. T. Charlton, M. D., of Harrisburg.

"Double Castration," by H. H. Hoffman, M. D., and C. P. Seip, M. D.

Dr. Walker's paper on "Separation of the Ligamentum Patellæ from the Head of the Tibia," was read, accepted, and referred to the Committee of Publication.

The paper of Drs. Hoffman and Seip, in relation to a case of "Double Castration," without loss of virility, was read and referred as usual.

Dr. Cowley described a case of syphilitic orchitis, in which the patient, after being treated with Kali hyd. and Merc. jodatus, resorted to "Tansey Bitters," and was relieved.

Dr. E. W. Garberich's paper descriptive of a case of "Injury of the Abdominal Parieties" during pregnancy, was next presented, and, on motion, accepted, and referred to the Committee of Publication.

Dr. M. Cote, of Pittsburg, desired to know what had been the experience of his brother practitioners respecting the best remedies to prevent premature labor consequent upon such injuries as were described in the paper. He had used Pulsatilla with very satisfactory results.

Dr. B. W. James spoke of the value of Ignatia in these cases, having seen most excellent effects from its use.

Dr. BURGHER made the same statement with reference to Arnica.

On motion, it was ordered that there be a session of the Society immediately after the delivery of the annual address. The Society then adjourned, to meet at 8 o'clock, P. M., in the hall of the House of Representatives, to hear the annual address.

EVENING SESSION.

In the evening the annual address was delivered in the hall of the House of Representatives, by Thomas Moore, M. D., of Germantown, the subject being "Homœopathy, the Science of Therapeutics, its natural law, and the essential conditions of that law."

On motion of Dr. Koch, a vote of thanks was tendered to Dr. Moore for his entertaining and able address, which was then referred to the Committee of Publication.

The Society then adjourned to the committee rooms for the transaction of further business.

On motion, the rules were suspended to allow the reading of a paper from the report of the Bureau of Miscellaneous Subjects, by James B. Wood, M. D., of West Chester, on "Tobacco," which was, on motion, accepted and referred to the Committee of Publication.

Dr. BURGHER did not like to hear his old friend abused without just cause. He had used it for forty years, and thought he might use it for forty years longer. Some of the healthiest men in our country are users of the weed, and Hahnemann himself, the founder of our system, was an inveterate smoker and drinker of coffee. The use of the drug, if you choose to call it such, may be hurtful to the system, but it seemed as if the system became tolerant of its effects. Nor did he believe that all the diseases ascribed to tobacco were justly attributable to it. The charge that it

leads to alcoholic dissipation, or to hypochondriasis, bad dreams, &c. is sheer humbug.

Dr. J. F. COOPER said that the words nasty, dirty, filthy, are the best words to apply to the habit. Probably the abstaining from the use of tobacco by a person habituated to its use would be more apt to shorten his days than if he were to continue the habit; but this is no evidence that the drug is harmless, for the same may be said of opium or arsenic; indeed, this very fact favors the belief that tobacco is naturally a poison to the system.

Dr. PRESTON said that Hahnemann bore as strong testimony against the use of tea and coffee as he did against tobacco. He wished to call the attention of the Society to the fact that Dr. Wood drinks tea—a fact which must very greatly weaken the force of his (Dr. W.'s) paper.

Dr. WOOD said he had seldom used tea or coffee during the past forty years.

Dr. COWLEY believed the habit to be hurtful in some cases, while in others it was not so, when used judiciously.

Dr. MCCLATCHEY said the paper of Dr. Wood would carry a great deal of weight with it if the symptoms and conditions he had detailed were clearly attributable to the use of tobacco, and never occurred in persons who do not use it. But we, as physicians, know well that we frequently meet delicate, puny and miserable children, who have neither touched nor tasted tobacco, and we meet with many clouded intellects in those who have never indulged in the use of the drug. And this fact remains above all that can be said, as evidence that tobacco is not injurious necessarily, viz. that the world is ruled to-day by the sheer force of intellect of men who are users of tobacco.

Dr. DUDLEY. A man has a right to acquire any habit that does not interfere with the health and happiness of his fellow beings. He thought Dr. Wood took proper ground in relation to the use of tobacco. He knew that sometimes persons ceased visiting the offices of physicians who habitually smoke,

on the ground that they get sick there. It is an offence to many persons. Men who smoke, necessarily puff the smoke of the noxious weed into the faces of ladies and gentlemen to whom it is very disagreeable, and in many instances absolutely hurtful. In addition to this, tobacco does excite a morbid appetite so strong as to be beyond the control of most men, and requiring to be forcibly restrained from obtruding itself into every public conveyance and every parlor in the land.

Dr. KOCH. If people must smoke, let them use Havana tobacco. Kentucky tobacco contains seven per cent. of nicotine, Virginia tobacco eight per cent., while Havana tobacco contains but two per cent.

Dr. CHARLTON asked Dr. Burgher whether he requested his patients suffering from chronic disease, who used tobacco, to desist from its use while under treatment.

Dr. BURGHER replied that he did not believe the use of tobacco interfered with the action of homœopathic medicines. Tobacco workers are as easily affected by homœopathic remedies as others. He thought that tobacco might bé an antidote to some drugs, but not to all. He did not approve of persons using tobacco where it is offensive to others, nor of physicians using it in their offices.

Dr. H. F. HUNT thought we had abundant evidence that it is not hurtful to the system. During the prevalence of epidemic diseases, and in malarious districts, tobacco is in a measure a protection to the system.

Dr. MARSDEN said the discussion developed that the friends of the weed are the users of it, while those who did not use it objected to its use. He had been formerly a user of tobacco. It affected differently different individuals, and some people seem peculiarly exempt from its injurious effects, just as with other drugs. When he used it in his youth, it made him nervous, his hand trembled, and he could not perform his duties properly, and he had a gnawing at his stomach. During his pupilage he returned to the use of the

weed, and found his nervousness returning, and again ceased to use it. He is now in his seventieth year, and his hand is perfectly steady.

Dr. DUDLEY described the dyspepsia produced by the excessive use of tobacco or its sudden discontinuance. The gnawing pain in the epigastrium, sleeplessness, loss of appetite, nervous tremors, headache, depression of spirits, costiveness, coated tongue, &c. are symptoms. Nux vomica in a low potency cures this chain of symptoms, and he knew of no other remedy that would cure, with any degree of certainty.

Dr. J. F. COOPER. We seem to be always making excuses for our sins and failings, and, with most of us, a poor pretext is better than none. The excuse for smoking, as set forth in the present discussion, seems to be, that while other people may be, and doubtless are, made sick by tobacco fumes, it doesn't hurt the smoker himself in the least, and therefore he proposes to continue his enjoyment, even though it be at the sacrifice of other people's comfort and health. To the smoker, this excuse is doubtless a good and sufficient one, but the rest of us fail to see its force. I have a patient who takes his whisky regularly three times a day, and yet has lived to the age of ninety-four, with a promise of still longer life; but I should scarcely be willing to urge the example upon my younger brethren because of its apparent harmlessness in this case.

Dr. JOHN E. JAMES said that, notwithstanding all that had been said, those who used it would continue to do so; and notwithstanding its bad effects, those who use it manage to survive. He thought that too much time was being spent in discussing this question.

On motion, the discussion was discontinued.

The Committee on Charter then made a report, which was, on motion, accepted and referred to the Committee of Publication.

Dr. MCCLATCHEY said the Legislature would undoubtedly be willing to incorporate the Society, but he did not believe

they could secure the passage of the "Medical Bill" adopted a year ago.

Dr. BURGHER thought the bill first presented by the Committee on Charter was far more likely to pass than the larger bill.

Dr. McCLELLAND moved to substitute the original bill, entitled "An act to incorporate the Homœopathic Medical Society of Pennsylvania," for the bill presented by the Committee on Charter.

Dr. McCLELLAND said that this bill, with slight alterations, could be passed as a medical bill, and not as a mere act of incorporation.

Dr. McCLELLAND's motion was then adopted.

Dr. McCLELLAND made a motion, which was adopted, recommitting the subject to the committee, with instructions to report to-morrow.

Dr. THOMAS NICHOL, of Montreal, Canada, was proposed as a corresponding member, and, on motion, elected.

A communication was received from the Brooklyn Homœopathic Dispensary, asking that a copy of the State Society's transactions be forwarded to them for their library. The request was granted, and copies were also ordered to be sent to the Pittsburg Hospital and the State Library.

A number of bills were presented and ordered to be paid.

A communication was received through Dr. McClatchey, from Dr. E. C. Franklin, stating that permission had been granted by the authorities of St. Louis to the Faculty of the Homœopathic Medical College of Missouri to visit the wards of the City Hospital and lecture to the students.

On motion, the communication was accepted, and referred to the Committee of Publication.

On motion, the Society then adjourned until Thursday morning, at 9 o'clock.

SECOND DAY—MORNING SESSION.

The Society reconvened at 9.30 o'clock. Dr. McClelland read by title the paper on "Strangulated Femoral Hernia, with report of Cases," by A. R. Thomas, M. D., which was accepted and referred to the Committee of Publication.

In reply to a question by Dr. Marsden, Dr. McClelland said that in these operations anæsthetics were generally made use of, administered either on a folded napkin or from a napkin surrounded by a cone of paper. He generally used ether first, and if that fails he resorted to chloroform.

Dr. MARSDEN said that in administering ether from a cone, the quantity of atmospheric air inhaled could not be ascertained or regulated, so that an inspiration might include an unsafe quantity of the anæsthetic. He had always used the cone in his own practice in midwifery cases, holding it at first about two inches from the nostrils, and gradually bringing it nearer the face. A noted English obstetrician has remarked that he has been obliged to drop his forceps, in some cases, to combat the dangerous effects of the anæsthetic, resulting from its careless administration by an inexperienced assistant. He (Dr. Marsden) had never met such cases in his practice. He regretted the hue and cry that had been raised against the use of chloroform, although its administration is attended with some danger.

Dr. MCCLELLAND had had a somewhat similar experience to that of the English obstetrician alluded to, occasioned by the assistant becoming interested in the operation, and forgetting to watch the effect of the anæsthetic.

Dr. BURGHER thought that as the vapor of chloroform is of greater specific gravity than atmospheric air, it prevents the admission of air to the lower air-cells of the lungs. The deaths from chloroform are one in twenty-three thousand cases.

In reference to the case of gunshot fracture of the lower

jaw reported yesterday by Dr. Fulton, he thought we should not mention the formation of new bone unless we are absolutely convinced that the new formation is really osseous structure. In reference to the use of morphia after surgical operations, he would say that if sleep is not induced, harm must be done by its use, and perhaps even if sleep be induced, the effects are not entirely harmless. A well-selected homœopathic remedy is much more efficacious, and is harmless.

Dr. McClelland said that in the case reported by Dr. Fulton, cartilaginous formation was detected on the fourteenth day, and true osseous formation was very evident on the twenty-third day. Remarkable as the case might seem, it was nevertheless well attested.

Dr. Cowley knew of two fatal cases from the administration of chloroform in dental practice. In another case, where the patient was completely broken down by syphilis, and a rhinoplastic operation was about to be performed, not more than two or three inspirations of the anæsthetic were taken before the patient fell back and died. He greatly wished that cases in which the administration of chloroform would be unsafe, could be accurately defined. He objected to the use of morphia after operations, and would not use it if he knew of any thing better.

Dr. Koch. Chloroform is used daily at the Homœopathic Hospital in Philadelphia, poured on a folded towel, and we have had no accident as yet.

Dr. Koenig had seen a mixture of chloroform and ether used in the army very frequently. He had remarked that the patients come slowly under its influence, and that the effects were very slow to pass off. He was of the opinion that the sooner a patient came under the influence of an anæsthetic, when it had to be used, the better.

Dr. Marsden had not found chloroform to interfere with uterine action in obstetric practice, and related cases in illustration.

Dr. McCLELLAND. Equal parts of alcohol, ether, and chloroform are used by some Pittsburg obstetricians. He did not like mixtures of ether and chloroform, but usually gave ether first, and followed it with chloroform, in case the former did not act promptly.

Dr. B. W. JAMES never jeopardized his patient for the sake of procuring prompt anæsthetic effect. Chloroform is quicker of action than ether, yet he did not regard it as safe, and thought for that reason it should not be used. On the contrary, he regarded sulphuric ether as a perfectly safe anæsthetic.

Dr. JOHN E. JAMES thought it very important that a pure article, whether of ether or chloroform, should be used.

Dr. BURGHER. If we use ether and chloroform separately, we know exactly what we are using in each case. We cannot say this when we use a mixture. He had no trouble in securing complete anæsthesia with chloroform, and had never known of any bad results from chloroform when its administration was preceded by the inhalation of ether. It is an undoubted fact that the mental anxiety and dread of the patient will interfere with the production of the anæsthetic effect.

In a case in which there was luxation of the femur, the patient boasted that the physicians who had attempted to anæsthetize him had failed to do so after two hours' trial, but Dr. McClelland had brought him under the influence of chloroform in five or ten minutes.

Dr. McCLELLAND said the patient had been given to understand that they would stand no nonsense with him, and that they would strap him down if he did not behave. He then calmed himself and went to sleep.

Dr. WILLIAMSON had assisted in a case in which sixteen ounces had failed to produce any effect except nausea and vomiting.

Dr. DUDLEY saw a case, while a student, in which the lecturer on practical dentistry failed to bring a young woman

under an anæsthetic after a half hour's trial, because of her struggles and efforts to resist. Upon being scolded for doing so, she subsided, and came under the influence in a few moments.

Dr. FETTERHOFF had seen cases in which it seemed impossible to produce any effect more than a slight stupor, which soon passed off.

Dr. MARSDEN had noticed a case where morphia had been given for pain by an allopathic practitioner, in a case of malposition. He gave chloroform, and the effect was surprisingly prompt and complete. Claude Bernard had stated that this was the case. The tendency of the morphia is to make the anæsthetic effect more profound and more lasting.

Dr. BURGHER. In a case where chloral was administered after morphia, no hypnotic effect was produced by either agent. A lady suffering from biliary colic took morphia on her own account. Two hours thereafter chloral was administered, from which she derived considerable comfort. He saw her in six hours afterward and found her unconscious, cold, and with respiration six to the minute. He used inhalations of ammonia, with galvanism and frictions, &c. for three hours before any decided improvement took place, and she then gradually recovered.

Dr. B. W. JAMES. Surgeons often need morphia after operations on the bowels, to secure its quieting effect. The drug has other specific effects, however, which should make us very careful regarding its use. In neuralgia of the stump, after amputation, the use of morphia may disguise the symptoms and mislead the surgeon as to what diseased action is actually going on. He thought electricity might be used with advantage in cases of neuroma.

Dr. WILLIAMSON said he had made some experiments with the galvanic current, and could fairly say that he had witnessed no positive beneficial effects from its use.

Dr. BURGHER said if he felt himself obliged to use morphia he would use it hypodermically. Electricity may be used

homœopathically just as any drug may, and where it is indicated it may sometimes be the only appropriate remedy.

Dr. JOHN E. JAMES had had some experience with the use of electricity in two cases of spinal irritation, carefully used by specialists, and he thought the effects were decidedly harmful. In a case of fracture of the surgical neck of the femur, occurring in a very old lady, in two weeks after the limb had been put up, great prostration and sinking had set in, and in consultation with his brother they decided that her only chance for safety consisted in their ability to get her up and about.

An apparatus to support the body and limb and allow of motion at the joints was devised and constructed by a skilled mechanician, and adjusted, and the old lady got about. Her health rapidly improved, and greatly to the surprise of all, ossification took place so nicely and so firmly that the limb is perfectly safe and strong, and she walks without any limp. So perfect was the cure that her allopathic friends denied that there had been any fracture, but that the bone was broken at the surgical neck was undoubted.

Dr. BURGHER related a case simllar to that narrated by Dr. James, and with nearly similar results.

The Board of Censors reported that Dr. Charles W. Robbins, of Philadelphia, was qualiffed for membership, and that while Dr. Emily R. Robbins was qualified medically, she was disqualified on account of sex.

Dr. MCCLATCHEY says the duty of the Censors was to inquire into the medical and moral eligibility of candidates, and they had nothing to do with the question of sex. He therefore moved that the report be referred back to the censors for amendment, which was carried.

Dr. J. H. MCCLELLAND narrated a case of fracture of the surgical neck of the femur. Union followed with some shortening. He thought that surgeons often lost the chance of getting good results by giving too much heed to the old doctrine that bony union could not take place in these cases in old people.

In regard to the galvanic current, he thought it an agent that should be used only with great care and skill. Bone may be restored without the periosteum. He had known bone denuded of periosteum to be restored.

Dr. COWLEY gave the particulars of a case in which the bone was replaced without the intervention of periosteum.

Dr. B. W. JAMES. We cannot expect such results to occur in all cases. There are conditions of the system, such as that termed rachitis, for instance, in which bony formation and union seems to be impossible. Then, again, there are states of the system which tend towards calcareous deposits and formations, as we witness in ossification of the valves of the heart. In regard to the use of galvanism, he was of the opinion that the galvanic cautery might come to supplant the knife in the removal of some abnormal growths.

Dr. DUDLEY said that physicians in purchasing a galvanic battery should endeavor to secure such a one as gave a high pitch of tone from the vibrating armature, indicating a more rapid opening and closing of the circuit; experience having shown that the current from such instruments is less painful and more effective in restoring healthy action than when the current is interrupted less frequently.

Dr. J. H. MCCLELLAND said that phosphate of lime as nutriment is not required to promote the formation of bone in these cases; but may often be required in minute quantities for dynamic purposes, given, of course, only in such cases as indicated. He did not believe that minerals could be assimilated in a crude, unorganized condition, and he thought that the use of quantities of phosphate of lime or of iron was not short of ridiculous.

Dr. B. W. JAMES indorsed this opinion of Dr. McClelland. He thought that Calcarea phosphorica might be needed to induce the system to take up just such constituents as it required for the origin and growth of new bony tissue, and in that way it did good.

Dr. BURGHER related a case in which a child, large and fat,

had very ill developed legs, the bones seeming rather to be cartilaginous. Calcarea phos. produced a cure of the case in three months.

Dr. COWLEY. In a number of cases of well-developed marasmus, Calcarea phos. had produced excellent curative results in the first trituration after higher potencies had failed.

The Board of Censors reported favorably on the applications for membership of Drs. Charles W. Robbins and Emily R. Robins.

Dr. WIESTLING made a minority report, objecting to the admission of Dr. E. R. Robbins, on account of sex. He said he thought it would not be proper for women to be present when certain papers were read and discussed.

On motion of Dr. McClatchey, the minority report was laid on the table.

On motion, the report of the Board of Censors was accepted. It was moved to take up the names separately, which was agreed to, and Dr. C. W. Robbins was thereupon elected. On the motion to admit Dr. Emily R. Robbins,

Dr. COTE said that in Erie it was voted that women were not eligible to membership. Dr. Williamson informed Dr. Coté that the Society had taken other action since, and that a woman was now a member of the Society. Dr. Wiestling urged his objections.

Dr. MCCLATCHEY said this woman question had been settled long ago, and it was going back to the dark ages to revive it now. He did not wish to be precipitate or discourteous, but he felt constrained to call for the question. The question was then called for, was put, and Dr. E. R. Robbins was admitted to membership.

The report of the Bureau of Obstetrics and Diseases of Women and Children was then presented by Dr. J. H. Marsden, chairman of the bureau. The report included papers on "Post-partum Secondary Hemorrhage," by J. H. Marsden, M. D., and "Phlegmasia Dolens," by O. B. Gause, M. D. These papers were read, accepted, and referred to the Committee of Publication.

Dr. WILLIAMSON called attention to the suggestion made some years ago by his father, in regard to the use of Sabina in post-partum hemorrhage.

Dr. RITTENHOUSE had seen more effect from Sabina in these cases than from any other remedy.

Dr. WALKER. The characteristic indications for the use of Sabina are: drawing pain from the pubes and sacrum; tenesmus; worse on moving; the blood is dark and partly clotted.

Dr. WILLIAMSON. Sabina has the "genus epidemicus," as Dr. Hering calls it, of post-partum hemorrhage.

Dr. J. F. COOPER. In abortion cases it is also useful, but he has seen less effect from it in hemorrhage occurring after labor at term. Pulsatilla and Arnica are valuable remedies in these cases, and might be used much more frequently than they are.

Dr. WILLIAMSON. Gossypium is said to be a valuable remedy for hemorrhage following abortion.

Dr. J. F. COOPER had used Opium in a case occurring but a short time ago. There was little or no contractility of the uterus. The placenta was unusually large. Opium proved efficacious.

Dr. BURGHER said that Crocus should not be lost sight of, and gave as an indication "a sensation as if the child were rolling about." Sometimes there is great difficulty in ascertaining the indications, the patient being unable to speak; and it may be necessary to have recourse to stimulation. If the placenta or a mass of blood be retained, all remedies will probably fail to suppress the flow until the uterus is emptied. Gentle pressure of the womb stimulates the contraction of that organ. In removing a retained placenta he could commend the use of Professor Loomis' forceps.

Dr. MARSDEN said the most valuable obstetric instrument is the hand, and every accoucheur should cultivate his hand. The left hand is the most useful, generally, in consequence of its curvature corresponding with the curve of Carus, as the patient lies on her left side.

Dr. H. H. HOFFMAN referred to the use of ether as an agent for the arrest of post-partum hemorrhage. He used it by pouring it on the abdomen, and its rapid evaporation produced a degree of cold which secured uterine contraction and consequent arrest of the hemorrhage. He had used it thus with success in a number of cases.

Dr. MARSDEN considered it wise for country practitioners to instruct the nurse how to deal with uterine hemorrhage in case of necessity during the absence of the accoucheur.

The report of the Bureau of Organization, Registratio and Statistics was next presented by the chairman, Dr. Penberton Dudley, of Philadelphia.

The papers presented were as follows:

"The Homœopathic Physicians and Institutions of Pennsylvania," by Dr. P. Dudley.

"A Concise History of the Rise and Early Progress of Homœopathy in Pennsylvania," by Dr. H. Detwiler, of Easton.

"A History of Homœopathy in Delaware County," by the late Walter Williamson, M. D., the last work of that distinguished physician.

These papers were read and referred as usual.

Dr. DUDLEY'S paper showed that in Pennsylvania there are about 435 homœopathic physicians, this being the forty-fourth year since the introduction of the system into the State. The number is rapidly increasing, but there are urgent requests for educated homœopathic physicians from various localities, which cannot as yet be supplied. And notwithstanding the bitter hostility and intense prejudice by which its progress has been impeded, it has so far forced its way into the public confidence as to have secured in so short a time a permanent foothold in more than fifty counties of the State.

Dr. COTE moved that the Bureau of Organization, Registration, and Statistics be instructed to appoint a member in

each county represented in this Society, to secure, so far as possible, the formation of county and district societies.

Dr. McClelland called attention to the fact that a resolution almost similar in its purport to Dr. Coté's motion had been adopted a year ago. He had heard no report from the bureau on that subject, and asked if it had been overlooked or forgotten.

Dr. Dudley said the resolution had been kept in mind at least by himself. He had intended to obtain from Dr. McClelland his views and suggestions in reference to the subject, but was prevented by multiplicity of business from giving it proper attention. He hoped, however, that the resolution, or one similar to it, might yet be carried out.

After some further discussion, the motion of Dr. Coté was adopted.

The report and papers of the Bureau of Miscellaneous Subjects were then offered by the chairman, J. F. Cooper, M. D., of Alleghany City. The report included papers on "Disinfection," by the Alleghany County Medical Society.

"Tobacco," by Dr. James B. Wood, read and discussed during the first day's session.

"Climatology of Colorado," by M. M. Marix, M. D., of Denver, Colorado, a corresponding member of the Society.

The above papers were read, accepted, and referred to the Committee of Publication.

The Committee on Charter made a report, recommending that the committee be increased by the addition of new members, and that the matter be referred back to the committee, with instructions to prepare and secure, if possible, the passage of such an act as the Society desires, as evolved in the discussion of last evening.

On motion, the matter was referred back to the committee, with full power to act.

The report of the Necrologist, Dr. William R. Childs, of Pittsburg, was then presented, and referred to the Committee of Publication. It embraces memorial notices of the follow-

ing deceased members of the Society, viz: John E. Barnaby, M. D., of Pittsburg; Charles B. Barrett, M. D., of Iona, Michigan; James A. Herron, M. D., of Pittsburg; Walter Williamson, M. D., of Philadelphia; Silas S. Brooks, M. D., of Philadelphia; Benjamin R. Bratt, M. D., of Reading; Ezekiel Lovejoy, M.D., of Owego, New York.

Dr. KOCH made a statement on behalf of the Faculty of Hahnemann Medical College of Philadelphia, requesting that physicians should exercise the greatest care in the selection of persons to study medicine.

Dr. P. DUDLEY, the Corresponding Secretary, made the gratifying announcement that the Society had expended eight hours and fifteen minutes in the consideration of subjects pertaining to medical science strictly, so that it could not be said of the present session that the time has been frittered away in useless discussion.

On motion, adjourned till 3 o'clock, P. M.

AFTERNOON SESSION.

Dr. W. M. WILLIAMSON moved a reconsideration of the vote by which the papers on the History of Homœopathy in Northampton and Delaware Counties were referred to the Committee of Publication. The motion was carried, and these papers were then referred to the Bureau of Organization, Registration and Statistics.

Dr. WILLIAMSON offered a resolution "That the term 'non-resident' as applied to corresponding members, in article fourth of the Constitution, applies to physicians living without the limits of the United States." Adopted.

Dr. MCCLATCHEY offered, and the Society accepted, a statement containing the mortuary experience of the Homœopathic Mutual Life Insurance Company of New York, from July 18th, 1868, to December 31st, 1872, which presented the following results: Whole number of losses by death, 56; deaths from accident, 6; deaths from disease, 50; homœopathic

risks, 3860; non-homœopathic risks, 1239; deaths under allopathic treatment, 25; deaths under homœopathic treatment, 25; or 25 deaths among 3860 homœopaths, and 25 deaths among 1239 allopaths.

Dr. McCLATCHEY offered the following resolution:

Resolved, That section first of the By-Laws be amended by substituting the word "three" for the word "two;" the object being to increase the dues of members from two to three dollars per annum. The resolution was adopted.

Dr. McCLATCHEY stated that he had received notification from Dr. Martin M. Marix, a corresponding member, from Colorado, that he is about to retire from practice. He was likewise disqualified for corresponding membership under the resolution just adopted. He therefore moved that the secretaries be instructed hereafter to omit the name of that gentleman from the list of corresponding members. It was so ordered by the Society.

Dr. W. M. WILLIAMSON nominated the following gentlemen as corresponding members of the Society, and they were unanimously elected by a rising vote: Drs. Fernand Chauvet, Tours, France; Paz Alvarez, Madrid, Spain; Francis Eidherr, Vienna, Austria; Alfred C. Pope, London, England.

Dr. McCLATCHEY offered the following resolution:

Resolved, That hereafter no report or paper will be received by this Society from a bureau or committee of the Society, or from any individual member thereof, in an incomplete or unfinished condition; and any report or paper having been received by the Society and referred to the Committee of Publication shall pass at once into possession of the Secretaries, and shall not be returned to the writer under any representations that may be made.

The resolution was unanimously adopted.

The paper on "Diseases of the Bones," presented to this Society by the Alleghany County Medical Society, was ordered to be presented to the American Institute of Homœopathy, through the Bureau of Surgery of the Institute, at

its next annual meeting, at Cleveland, as the paper of the Society to the Institute.

Dr. McCLELLAND moved, and it was carried, that Dr. McClatchey, editor of the *Hahnemannian Monthly*, have the usual privilege accorded him of publishing such parts of the proceedings and papers of the Society as he may see fit.

Dr. BURGHER moved, and it was carried, that a paper belonging to the Bureau of Obstetrics, &c. on "Incontinence of Urine," prepared by Dr. McClatchey, and in an uncompleted state, be completed by the Doctor, and sent to the Committee of Publication.

Dr. McCLATCHEY asked the privilege of publishing his paper, when completed, in the *North American Journal of Homœopathy*, if agreeable to the editor of that journal, which privilege was granted.

Dr. McCLATCHEY moved an amendment to the standing resolution, that hereafter the annual meeting of the Society shall be held on the first Wednesday in October instead of the first Wednesday in February.

This motion gave rise to considerable debate, there being a difference of opinion both as regards the most convenient time for the members to attend the sessions, and also in reference to the time most favorable for securing such an influence with the State authorities as might be desirable to enable it to carry out its legitimate work to the fullest extent and to the best advantage.

The resolution was finally adopted.

Dr. J. E. JAMES offered a resolution that the thanks of this Society be and they are hereby extended to the Legislature of the State for the use of the rooms in the Capitol building for the meetings, and of the hall of the House of Representatives for the delivery of the annual address. Also to the Harrisburg *Daily Telegraph*, *State Journal*, and *Patriot*, for publishing full and accurate reports of the proceedings. Adopted unanimously.

The Society then, on motion, proceeded to the election of

officers for the ensuing year. Drs. Cooke and Coté were appointed tellers. The election resulted as follows:

President—J. F. Cooper, M.D., of Alleghany City.

First Vice-President—M. Friese, M.D., of Harrisburg.

Second Vice-President—H. R. Fetterhoff, M.D., of Newville.

Recording Secretary—M. M. Walker, M.D., of Germantown.

Corresponding Secretary—Pemberton Dudley, M. D., of Philadelphia.

Treasurer—R. J. McClatchey, M. D., of Philadelphia.

Censors—M. Preston, M.D., of Norristown; M. Coté, M.D., of Pittsburg; Richard Koch, M.D., of Philadelphia.

Necrologist—W. R. Childs, M.D., of Pittsburg.

Orator—L. H. Willard, M.D., of Alleghany City.

Alternate Orator—W. H. Cook, M.D., of Carlisle.

BUREAUS OF SCIENTIFIC SUBJECTS.

Materia Medica and Provings—Thomas Moore, M. D., Germantown; W. J. Blakeley, M.D., Erie; A. Lippe, M.D., Philadelphia; J. W. Brickley, M.D. York; C. A. Stevens, M.D., Scranton.

Clinical Medicine and Zymoses—W. M. Williamson, M. D., Philadelphia; W. D. Hall, M. D., Carlisle; H. H. Hoffman, M. D., Pittsburg; J. H. P. Frost, M.D., Danville; C. J. Roseberry, M.D., Easton.

Surgery—J. C. Burgher, M. D., Pittsburg; J. H. McClelland, M. D., Pittsburg; M. Macfarlan, M. D., Philadelphia; L. H. Willard, M. D., Alleghany City; C. P. Seip, M.D., Pittsburg.

Obstetrics and Diseases of Women and Children—R. J. McClatchey, M.D., Philadelphia; J. H. Marsden, M. D., York Sulphur Springs; H. N. Guernsey, M.D., Philadelphia; H. J. Sartain, M.D., Philadelphia; S. R. Rittenhouse, M. D., Reading.

Organization, Registration, and Statistics—Pemberton Dudley, M. D., Philadelphia; H. Detwiler, M. D., Easton; M. Preston, M.D., Norristown; W. H. Cook, M. D., Carlisle; M. Friese, M.D., Harrisburg.

Miscellaneous Subjects—J. B. Wood, M. D., West Chester; A. H. Ashton, M.D., Philadelphia; E. W. Garberich, M. D., Mechanicsburg; H. R. Fetterhoff, M.D., Newville; D. Cowley, M.D., Pittsburg.

COMMITTEES.

Committee of Arrangements—The Dauphin County Homœopathic Medical Society.

Committee of Publications—Pemberton Dudley, M.D., Philadelphia; M. M. Walker, M.D., Germantown.

Committee on Charter—R. J. McClatchey, M. D., Philadelphia, Chairman; J. C. Burgher, M. D., Pittsburg; J. K. Lee, M. D., Philadelphia; R. Ross Roberts, M.D., Harrisburg; B. W. James, M.D., Philadelphia; M. Coté, M. D., Pittsburg; M. Friese, M.D., Harrisburg; S. T. Charlton, M.D., Harrisburg.

DELEGATES TO OTHER MEDICAL ORGANIZATIONS.

Delegates to the American Institute of Homœopathy—Drs. P. Dudley, D. Cowley, C. J. Carmany, H. H. Hoffman, W. J. Blakeley, M. Preston, J. H.

Marsden, W. M. Williamson, C. A. Stevens, J. B. Wood.

Canadian Institute of Homœopathy—A. Korndoerfer, M.D., Philadelphia; H. E. Reinhold, M. D., Williamsport.

California State Medical Society—J. W. Allen, Altoona; J. G. Gilchrist, M.D., Tidioute.

Connecticut State Medical Society—A. P. Bowie, M. D., Uniontown; M. J. Koenig, M. D., Jersey Shore.

Illinois State Medical Society—S. R. Dubs, M. D., Doylestown; Benjamin Bowman, M.D., Chambersburg.

Indiana State Medical Society—O. T. Huebener, Litiz; A. W. Wallace, M. D., Alleghany.

Kansas State Medical Society—Benjamin Becker, M. D., Pottsville; A. H. Ashton, M.D., Philadelphia.

Maine State Medical Society—C. D. Herron, M. D., Pittsburg; H. W. Fulton, M. D., Pittsburg.

Massachusetts State Medical Society—A. R. Thomas, M.D., Philadelphia; James L. Scott, M. D., Coatesville.

Michigan State Medical Society—G. Howell Cox, M. D., Hastings, Mich.; L. M. Rousseau, M. D., Pittsburg.

New Hampshire State Medical Society—S. Hastings Brown, M. D., Philadelphia; A. H. Clayton, M. D., Addisville.

New Jersey State Medical Society C. S. Middleton, M. D., Philadelphia; Coates Preston, M.D., Chester.

New York State Medical Society—John C. Morgan, M. D., Philadelphia; R. J. McClatchey, M. D., Philadelphia.

Ohio State Medical Society—M. S. Williamson, M.D., Philadelphia; P. D. Liscomb, M.D., Beaver Falls.

Vermont State Medical Society—Robert T. Mercer, M.D. Chester; I. D. Johnson, M.D., Kennett Square.

Wisconsin State Medical Society—Anson Parsons, M. D., Springboro; W. F. Speth, M.D., Lewistown.

A vote of thanks was tendered the President for the able, dignified and courteous manner in which he had presided over the session.

A vote of thanks was also tendered the Secretaries for their earnest work in behalf of the Society, and to Dr. McClatchey for preparing the reports for the newspapers.

Drs. Friese and Burgher were appointed to conduct the newly elected President to the chair.

On taking the chair, President Cooper made some appropriate remarks.

The Society then adjourned, to meet in Harrisburg on Wednesday, October 1st, 1873, at ten o'clock.

REPORTS FROM HOMŒOPATHIC MEDICAL SOCIETIES.

Homœopathic Medical Society of Alleghany County.

This society contains at present (Feb. 1st, 1873,) 29 members—23 active, 5 associate, and 1 honorary. Regular meetings are held monthly at the Homœopathic Hospital on the second Friday of each month, and a renewed interest is being manifested among the members.

Two papers have been under special consideration by the society during the past year; one on "Diseases of Bones," and one on "Disinfectants." The result of these will be communicated to the State Society during the present session.

One of our members, Dr. C. Baelz, died about four months ago, of organic stricture of the sigmoid flexure of the colon. Dr. Baelz had the respect of all his colleagues. He was an active practitioner and a diligent student. Before embracing the practice of Homœopathy he had paid special attention to the practice of Hydropathy and the use of hygienic measures in the treatment of disease.

The Alleghany County Homœopathic Medical Society is the oldest County organization in the State. Amongst its members the utmost harmony and cordiality prevails, both professionally and socially. Nearly all the homœopathic physicians of the county take a personal interest in the hospital, and support it by their countenance and material aid.

D. COWLEY, M. D.

For the Alleghany Co. Soc.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

In again submitting a report from this society, we must congratulate ourselves that our society still continues to hold a position of importance to its members; serving as a luminary, as it were, from which we receive that light which aids us to attain more nearly to perfection in our practice; thereby gaining favor to our law "similia similibus curantur."

During our last four meetings there were numerous communications and reports of cases presented, upon which there were discussions.

The following subjects are those of most importance presented:

"Cases of Cancer," in which the principal remedies used were Conium and Asterias rubens.

By Dr. J. B. WOOD—An article on Small Pox, stating that during the last epidemic he had found as remedies proving the most useful, Sulphur Zinc, Vaccinine, and Sarracenia; and as a diet, he thought milk pre-eminently the best.

Dr. J. G. HOUARD presented a paper entitled "A poisoning by Urtica Marina," proving its usefulness in promoting the secretion of milk and urine.

Dr. C. PRESTON presented a paper entitled "Abbreviation rather than Expansion of our Materia Medica," which was favorably received by the Society.

At our July meeting the subject of "Cholera" was discussed, and the following remedies suggested: Ars., Carbo v., Guaco, and Verat. alb., and all urged that there should be especial care taken in the selection of proper diet.

At the October meeting, Dr. L. B. Hawley presented an article on "Rheumatism," (this being the subject selected for discussion,) claiming an analogy between this and some forms of skin disease.

Dr. M. PRESTON strongly advocated the use of Phytolacca in syphilitic rheumatism and sciatica.

In incontinence of urine in children, the Linaria vulgaris was highly recommended as being speedily curative.

Dr. I. D. JOHNSON, the president elect, in his inaugural read at the January meeting, protested against the practice of homœopathic physicians favoring their students attending allopathic colleges; holding that our own colleges possess all the requisites to enable them to impart as thorough medical education as is attainable in any similar institutions. The paper was well received, and Dr. Johnson received a vote of thanks from the Society.

Dr. M. PRESTON reported a case of Chorea in a girl aged between 14 and 15, who was first taken with sore throat, for which Bell. 200 was given, which effected relief of this; but she began to be nervous, with drawing up of limbs and arms, and much twitching on going to bed; could not sleep, and at 3 A. M. had a very severe ear-ache; had not menstruated. The remedy given in this case (Mygale avic.) relieved promptly.

The subject of Epistaxis was taken up, and spoken upon by several members, and such remedies recommended as Phos., Bell., Arn., Ipec., Hamamel, and Arn.; the latter, probably, relieving the most cases.

In this connection the Secretary reported a case of chronic headache occurring in a lady aged about 40, married, and mother of two children; she was purely of a nervo-bilious temperament; some of her attacks seemed to be purely nervous, and others as decidedly bilious, but all alike were attended with nose-bleed. After trying, without effect, various remedies that seemed preeminently indicated, he determined to make the nose-bleed a key symptom, and accordingly gave Arnica 5, which very speedily relieved both the epistaxis and headache, rather to his surprise, as he did not consider it an Arnica headache, except as regarded the one symptom already mentioned.

T. PRATT, *Secretary.*

Dauphin County Medical Society.

At a meeting of the Homœopathic Medical Society of Dauphin County, held in Harrisburg on the 13th ult., it was

"*Resolved*, That our Delegate to the State Medical Society be instructed to offer the services of this Society hereafter to make suitable arrangements for the meeting of the said State Society in this place."

President—Jacob G. Weistling, M.D.
Secretary—Isaac Lefever, M.D.
Delegate—Chas. D. Fager, M.D.

Philadelphia County Homœopathic Medical Society.

OFFICERS.

Jacob Jeanes, M.D., *President.*
Jno. K. Lee, M.D., *Vice-President.*
A. H. Ashton, M.D., *Treasurer.*
R. J. McClatchey, M.D., *Secretary.*
Bushrod W. James, M.D., *Scribe.*

The Society now has a membership of 65. Its meetings are held monthly. A number of papers have been read during the year, all of which, with the discussions thereon, have been published in the *Hahnemannian Monthly.*

The delegates regret to be obliged to report a decline in attendance, interest and usefulness of this heretofore well organized and efficient medical society; but trust that ere the next session of the State Society, through the influence of a coterie of its members, the former vigor of the Society will be revived, and it will be able to render such a report as this body will be pleased to listen to.

R. J. McClatchey,
W. M. Williamson,
Jno. E. James,
} *Delegates.*

Homœopathic Medical Society of Massachusetts.

Boston, Mass. Feb. 14, 1873.

To the Homœopathic Medical Society of Pennsylvania,
Gentlemen:

Having been appointed by the State Homœopathic Medical Society of Massachusetts to represent that body at your Eighth Annual Session, I exceedingly regret my inability to attend the meeting, as I am thus debarred from the pleasure of bearing personally to your Society the cordial greetings of the homœopathic physicians of Massachusetts, and reluctantly obliged to fulfil the duty in writing.

Allow me to assure you in the name of the Massachusetts Homœopathic Medical Society, that we are moving in the direction of progress. Our members are active in the various branches of medical research, knowing that in the present relation of the different schools, it becomes us not only to attain a high professional standard, but to take the lead. Thus it is urged by the respective committees that the development of the Materia Medica, and the improvement of the methods of its application, according to the homœopathic law, should pre-eminently distinguish *ours* from the *old school*, now being rapidly split up and divided into surgical specialties, to the great neglect of medicine proper. This does not preclude on our part a close attention to the other branches of medical practice, all of which find able representatives among us.

The activity of our Society is not confined to the details of practice, but extends far beyond; it being specially manifest in the effort of the past year in obtaining a fund for a Homœopathic Hospital, which now reaches the sum of a hundred thousand dollars. For the present the proceeds of this fund are employed in maintaining very successfully a small hospital of twenty beds, which being insufficient for the demands, creates a necessity for a much larger institution, to

be erected at no distant day. Nor does the hope or the intention of our homœopathic community rest here; for as soon as the larger hospital springs into existence, it is our intention to combine with it a College, to meet the pressing demands for homœopathic instruction in Massachusetts and in New England generally.

This in brief is a sketch of our activity in this State.

Again assuring you of the most friendly regards of the homœopathic physicians of Massachusetts, I have the honor to remain Fraternally yours,

CONRAD WESSELHOEFT,
Delegate.

Report of the Committee on Charter.

The Committee on Charter beg leave most respectfully to report, that in pursuance with the instructions of the Society, given at its last session, they had a carefully prepared copy made of the Act adopted by the Society to be presented to the Legislature, and had fifty copies printed for distribution among the members of the Legislature. The Committee then placed themselves in communication with several members of the Senate and House of Representatives who were known to be well-disposed towards the adoption of a proper medical bill. Your Committee were informed by these gentlemen that in view of the near approach of the termination of the legislative session, it would be in the interest of it to have its presentation deferred until the following session. This advice was of course taken by your Committee.

During the interval, your Committee sent copies of the bill to various newspapers, and it was favorably noticed by some of these papers and heartily condemned by others: this latter being due to the fact that the editors of the papers who looked on the bill unfavorably, did not have a proper conception of its scope and drift, they being of the opinion

that the Act, if it became a law, would militate against the interests of the homœopathic school of medicine.

Through the instrumentality of Dr. M. Friese, of Harrisburg, the bill has been placed in the hands of a number of members of the Legislature, and will no doubt, if thought proper, be brought before the legislative bodies during the present session. Your Committee would ask such members of the Society who may have acquaintance and influence with the members of the Legislature, to procure copies of the bill and present them to such members, with such recommendations for its passage as they may see fit to make.

On behalf of the Committee:

R. J. McCLATCHEY, *Ch'n.*

ANNUAL ADDRESS.

HOMŒOPATHY,

THE SCIENCE OF THERAPEUTICS, ITS NATURAL LAW, AND THE ESSENTIAL CONDITIONS OF THAT LAW.

BY THOMAS MOORE, M. D., GERMANTOWN.

Among all the developments of science and practical applications of natural principles and laws to the many purposes which add to the comfort, convenience and prosperity of man, there is no subject of greater importance or that can more deeply interest us, than that which has for its object the relief of suffering, the restoration of health, and the preservation of life; but it is one which has been characterized by *mystery*, ever since the earliest ages of the world.

If we refer to the "Mystical Period" of History, when all medical as well as religious knowledge was confined to heathen priests, who worshipped in temples dedicated to their gods, among whom was Esculapius the god of Medicine, we find there recorded one of the ancient laws, which says: "It is not permitted to reveal sacred things except to the elect, and strangers must be admitted to this knowledge only after having submitted to the tests of initiation."

These heathen priest-doctors of olden times, well understood the influence of *mystery* over the minds and bodies of those who sought their advice.

We are told that those afflicted with disease frequently made long pilgrimages to consult the oracle dwelling within the temple of the god of Medicine; and after having reached

the sacred edifice, they were required to undergo certain purifications by "abstinence, fasting, prayers and sacrifices," sometimes lying for days and nights on the floor of the temple waiting to receive attention. The god was usually unseen, and spoke in a mysterious voice; sometimes his will was made known through "dreams which were interpreted by the priest."*

From this ancient period down to more modern times, *mystery*, in regard to Medicine, has continued to exert more or less influence over the minds of the people. The gold-headed cane and the powdered wig, relics of this Mystical Age, have not been very long thrown aside.

Medicine, like Astrology and Alchemy, was compelled to assume this disguise to hide the ignorance of its professors; but, happily in our days, the light of science dispels this veil of mystery, and Medicine now boldly stands forth and demands open investigation.

It is true that, like Astrology and Alchemy, Medicine during this early period was possessed of many facts gained by observation and experience; and from this knowledge human suffering was no doubt frequently relieved, and actual cures made, by physicians who never dreamed that disease was amenable to natural law, or who had no more idea of scientific certainty than was possessed by the Astrologist in his prognostications of future events, or in his predictions in regard to the movements of the stars and other celestial bodies.

Astrology and Alchemy, with their deep, dark mysteries, their cabalistic signs, their incantations and other fraudulent devices, have vanished, or are now believed in only by the superstitious and the ignorant.

During the time, however, when Astrology and Alchemy flourished, philosophers were advancing in the right direction, and many observers were interrogating Nature, and thereby

* Renouard's *History of Medicine.*

gaining most valuable information. From the many and valuable facts thus acquired, natural laws were gradually evolved, and scientific principles firmly established, which gave the starting-point to the development of true Science.

And, although the Alchemist failed to transform the baser metal into gold, or to discover the "Elixir of Life" and the "Philosopher's Stone," yet, from these efforts, with the aid of men of broader thought, the science of Chemistry was deduced; and, from the rude Astrology of ancient days, the grand science of Astronomy of modern times was developed.

By discussion of and induction from the accumulated facts at that time known, certain laws were discovered by Copernicus and Kepler, which gave Astronomy its present scientific basis. With a knowledge of these laws, and a mass of other observations, Newton was then enabled to announce to the world the law of Universal Gravitation, showing that the force which keeps the stars in their places and carries the heavenly bodies in their orbits, is identical with that which caused the apple to fall to the ground.

Based upon this grand law, and supported by Mathematics, Astronomy now stands unrivalled as a science, and bids Medicine emulate her in *certainty*.

As an example of the accuracy and precision of scientific investigations in Astronomy, at the present day, we briefly refer to the discovery of the planet Neptune in the year 1846.

For a long time astronomers had noticed a singular but systematic aberration in the planet Uranus; and a suspicion almost amounting to certainty arose, that an unknown and exterior planet was exerting a disturbing effect upon it. Two astronomers, Addams and Le Verrier, at different places, and with an object entirely unknown to each other, set about making scientific calculations, in order to discover the cause of this unusual disturbance, and to ascertain whether it was owing to the presence of some unknown planet. Although adopting different methods of computa-

tion, but governed by the same scientific laws, they both arrived at precisely the same conclusion.

The telescopes were then directed to the exact position in the heavens which these calculations had pointed out, and, to their great gratification and to the glory of science, the planet Neptune was there discovered; thus achieving that which is thought to be the grandest triumph of the human intellect.

It has been a constant reproach to physicians, that Medicine has not kept pace with the advancement of general science; and there has been some ground for this censure. Medicine being a complex science is composed of a number of branches. Fortunately, the discoveries and consequent advancement of these, have constantly and effectively lent their aid to give Medicine a scientific character and standing. Had it not been thus supported, it would long since have shared the fate of Astrology and Alchemy.

These several branches of scientific knowledge, such as Anatomy, Physiology, Pathology, Chemistry, Hygiene, and other kindred sciences, converge toward one common centre, Therapeutics, which teaches the application of medicine to the cure of disease; each in a measure contributing toward this most important object. Excluding, then, these several subsidiary sciences, and referring only and especially to Therapeutics, we must acknowledge that until a comparatively recent period this reproach has been most justly merited. It is this central branch alone which has not kept pace with the progress of general science, and which has prevented Medicine from taking that prominent position among the sciences which its importance should command.

Before the introduction of Homœopathy, Therapeutics, as a science, had no existence. We may search the history of Medicine from the days of Hippocrates or Galen down to the time of Hahnemann, and we can nowhere find that Therapeutics was ever based upon any natural law, or governed by any settled principles established by the existence of such a

law. But, on the contrary, we will see that system follows system, method succeeds method, theory overthrows theory, schools, creeds and sects arise, and for a time flourish and then decline, to give place to others equally defective. Learned men announced their hypotheses, medical philosophers advanced their doctrines, which for a period claimed the attention of their followers. Anatomy, Physiology, Pathology and Chemistry each furnished their learned and plausible contributions to build up and sustain systems of practice based upon some theoretical views of the teachers of these sciences. Need we wonder, then, that Medicine, based upon such defective reasonings, and without a law to govern it, had been heretofore obscured by mystery, and attended with so little certainty, or that it has advanced so slowly when compared with other sciences?

It is to Therapeutics alone that Homœopathy has any direct and practical relation. It gives to this branch of Medicine a *law*, which exalts it to the dignity of a true Science.

This law was discovered by Samuel Hahnemann, in the year 1790, while engaged in translating the article on Peruvian bark, in *Cullen's Materia Medica.* Hahnemann was not satisfied with the explanation there given of the curative powers of Peruvian bark; and he conceived the idea that by testing this drug upon himself while in a healthy condition, he might, perhaps, ascertain the true cause of its remedial action. By thus interrogating Nature, he found that this drug produced upon him symptoms similar to those cases of intermittent fever which had been cured by it; and the thought flashed upon his mind that the disease-producing power of drugs upon the healthy, would give the key to their curative action upon the sick.

He at once searched the records of Medicine to learn whether other drugs had produced in the healthy symptoms similar to those they were known to have cured. But unfortunately these records were very defective, because

drugs had never before been systematically proved upon the healthy.

He then instituted careful experiments upon himself and others, with the view of ascertaining the disease-producing power of other drugs; and afterwards, from observing the successful curative action of these upon the sick, he became convinced that what was true in regard to Peruvian bark was also true of all other drugs, and, "that all medicines cure the diseases whose symptoms approach nearest to their own."*

Thus, by the power of inductive reasoning, based upon well-ascertained facts obtained by careful experiment and well-verified observation, he discovered the Law of Nature which governs the power of drugs to cure disease. A discovery of as great importance to Medicine as was Newton's law of universal gravitation to Astronomy and general physical science.

After Hahnemann had made this great discovery, and before he gave it to the world, he was for several years engaged in testing its truth upon his patients. What delight he must have felt in these first responses of Nature to his anticipations!

He then announced the law under the formula, *similia similibus curantur.*

We are perfectly aware that no other of the older sciences has a law so concisely expressed. The announcement of the great curative principle of nature under this formula has therefore given rise to much objection, discussion and misunderstanding as to its acceptation and definite meaning.

The Latin word *similis*, meaning *like* or *resembling*, may not seem to come up to that standard of positiveness which is demanded by modern science. By the word *similar* we ordinarily understand a degree of likeness that is not perfect; but in an exact science like Geometry it denotes a resem-

* Hahnneman's *Organon.*

blance that is perfect and positive. It was in this sense, undoubtedly, that Hahnemann conceived the phrase "similia similibus curantur," when expressing the great law which underlies it.

In the sentence just quoted from his *Organon* he says: "That all medicines cure the diseases whose symptoms *approach nearest* to their own." Again he observes: "That we select from all others that medicine whose manner of acting upon persons is known, and which has the power of producing an artificial malady the *nearest in resemblance* to the natural disease before our eyes." And he also remarks: "Of all these medicines, that one whose symptoms bear the *greatest resemblance* to those which characterize any particular natural disease, ought to be the most appropriate and certain homœopathic remedy that can be employed."

There can be no doubt as to what Hahnemann considered the degree of similarity essential to the operation of the law: and the successful experience of all who have accurately tested its truth, proves that the more closely the phenomena produced by a drug upon the healthy resemble those presented by the given case of disease, the more certain will be the curative result of the remedy, and the more surely can such a result be predicted. No more definite expression could, therefore, be used, to show "the true intent and meaning of the law."

The study of this *similarity*, and the comparison of the drug symptoms with those excited by disease, become the work of the scientific physician; and each special and successful application of the law is not only a confirmation of its truth, but is as positively a discovery in science (only differing in degree) as is the Astronomer's who points you to that position in the firmament where, by the study of other laws, he is enabled to show you a new star, or to tell you of a heretofore unknown planet.

Founded upon this Law of Nature, we claim that Homœopathy is a true science—the Science of Therapeutics—and we

ask for it that spirit of candid and unprejudiced examination which its importance to humanity demands; and as a science we insist upon that exact and rigorous investigation to which it is entitled.

Between all the sciences there exists a relation of perfect harmony, and their fundamental laws are expressions of the will of the Creator. Through these laws, His power is manifested in all the works and operations of Nature.

We believe Homœopathy—as the Science of Therapeutics—to be in accord with all other sciences, and especially with those branches related to Medicine; and we claim for it the position to which it is entitled, as the keystone of the arch upon which Medicine, as a complex science, is based.

In studying the laws of nature, we know that they are all subject to certain conditions and limitations. These are absolute, and admit of no variation.

Animal life does not exist unless exact conditions for its development and continuance ever surround it. The plant cannot grow without its proper degree and proportion of sunlight, heat and moisture. And the phenomenon of the Aurora Borealis, the laws of which are still unknown, and as yet baffle the endeavors of the most thorough scientific investigators to discover, is never seen unless the exact conditions of its causes are present.

Special conditions belong essentially to every operation of the laws of nature; and no phenomenon, however important or trivial in its character, and however evident to our senses as the result of natural law, can occur, unless these conditions are in all respects strictly fulfilled.

The first and most imperative of these conditions as regards the "law of similars" is, that the symptoms resulting from the action of a drug on the healthy must bear the nearest resemblance to the symptoms produced by disease; they must thus agree, or no action of the law can result.

It will be observed that *the symptoms of the drug* and *the symptoms of the disease* are the actual elements to be con

sidered, in this first condition of the law; and not, as has been assumed by some, the pathological state, or the change of structure existing in the system as the result of drug action or of disease.

The terms of this condition admit of no conjecture or assumption on the part of the investigator who would test the truth of the law. Certainty may be expected from this as from all other laws of nature, but can be attained only if the essential conditions upon which its action depends are strictly regarded. But, if we entertain the mistaken idea that this particular condition calls for a comparison of the morbid structural changes in the system occurring as the effect of drug action, with the altered state of the material tissues existing as the result of disease, or, in other words, with the pathological anatomy, it will be impossible to fulfil this first condition of the law.

Hahnemann recognized this. And nowhere in his writings does he say that the structural changes produced by drugs must be similar to the pathological state of the patient; on the contrary, he constantly discusses the futility of all attempts to cure disease on the speculations derived from the teachings of pathological anatomy. He insists upon *a comparison of the symptoms* as the only sure way of finding the remedy to cure disease "radically, promptly and permanently."

In his *Organon* he says: "The *ensemble* of the symptoms is the principal and sole object that a physician ought to have in view, in every case of disease—the power of his art is to be directed against that alone, to cure and transform it into health."

He again remarks: "There is no curable malady, nor any invisible morbid change in the interior of man, which admits of cure, that is not made known by morbid indications or symptoms to the physician of accurate observation—a provision entirely in conformity with the infinite goodness of the All-Wise Preserver of men."

He also writes: "As the cure which is effected by the annihilation of all the symptoms of a disease removes at the same time the internal change upon which the disease is founded—that is to say, destroys it in its totality—it is accordingly clear, that the physician has nothing more to do than to destroy the totality of the symptoms in order to effect a simultaneous removal of the internal change—that is, to annihilate the disease itself."

And he then says: "From this incontrovertible truth, that beyond *the totality of the symptoms*, there is nothing discoverable in diseases by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there can be *no other indication* whatever than the *ensemble* of the symptoms, in each individual case, to guide us in the choice of a remedy."

In considering *the symptoms* in their direct relation to the treatment of disease, and as the actual elements of comparison in the selection of the homœopathic remedy, we recognize them as positive, unmistakable facts, and accept them as the only facts required. But if we ignore these symptoms, or regard them as unworthy of notice, as trifling or meaningless, instead of dealing with them as *scientific facts*, and, on the other hand, attempt to compare the pathological effects of drugs (of which we have no positive and authentic record) with the pathological state of the patient (so frequently impossible to ascertain, until revealed by a post-mortem examination), we must be constantly groping in the dark, and speculating among uncertainties, hypotheses and conjectures.

We must remember that the proving of drugs upon the healthy has not been carried to such an extent that easily recognized structural changes in the tissues and organs are established. Nor can such changes always be detected with any degree of certainty during life, and only afterwards by an autopsy, where death is the result of the toxicological action of medicine. And we must also recollect that throughout the whole course of the purely functional disorders which

so frequently claim the physician's attention, although pathological alteration may exist, yet it is seldom discoverable.

In a report on this subject to the American Institute of Homœopathy, by Dr. P. P. Wells, he says, "There is in most cases of acute disease, an initiatory stage in which they are curable to a far greater extent and with greater ease than when they have passed beyond it. It is in this stage that there is the greatest amenability to curative agencies. There is, as yet, no change wrought in the material tissues of the organs, and consequently there is no pathological anatomy, and none of its elements can therefore be obtained for the comparison required by the law. If these elements are necessary to a sure and successful prescription, then here in this period in the history of cases, where they are most curable, they should be found in the greatest numbers; and yet it is just here that they are not found at all. This is perfectly conclusive as to any necessity there may be for the consideration of the facts of pathological anatomy in determining the choice of the curative remedy. There can be no greater absurdity than to suppose this to be one of the conditions of a divinely appointed law, the object of which is to secure certainty and success in the cure of the sick."

Pathological alterations are the results of disease, and consequently the products of a disturbed or modified life-action, requiring time for their development. It is before these alterations have taken place that medical treatment is most needed to arrest the further progress of disease. It is in this incipient stage—as remarked by Dr. Wells—when disease is most easily cured, that the "law of similars" can be the most available; yet, just at this time, pathological anatomy will evidently fail to guide us in the application of the law and in the selection of the appropriate remedy.

But in the more advanced stages of acute, and in organic or chronic disease, when the pathological state is fully established, and we have admitted evidence of the existence of morbid changes in the tissues, of what therapeutical value can

such knowledge be, when we have, as before noticed, no authentic record of the pathological effects of drugs from provings which we can use in a comparison with the material changes which have been produced by disease?

With all the modern facilities for studying morbid anatomy, by the aid of the many inventions and improvements in instruments for this purpose which mechanical art has lent to medical science, together with the revelations of the microscope and the advantages derived from chemical analysis, the physician may attain proficiency in detecting the exact pathological state of the patient. By these means, he may undoubtedly gain an enviable reputation as a diagnostician or as an *expert*. But with all his acquirements, by such investigations he cannot ascertain the true indications for selecting the homœopathic remedy by which this pathological state can be restored to its normal condition, or by which the morbid action producing it can be arrested. While believing in the existence of a natural therapeutical law, he cannot apply it, and, therefore, cannot expect any greater certainty or success in the cure of his patients than they who have no such law to guide them.

Even if the internal pathological condition could be actually demonstrated, which is not always the case during life, such a demonstration could never of itself suggest the medicine by which the disease might be cured, with any more reliability than the inspection of a crude drug could suggest its use as a therapeutical agent.

Suppose we are perfectly certain that in a case of typhoid fever the glands of Peyer are in an ulcerated condition, what indication for the selection of the curative remedy is furnished in this pathological fact, by which the ulcerative process may be arrested or a perforation with its fatal consequences prevented?

But, if we are to depend upon morbid anatomy for our indications in the medical treatment of disease, what are we to do in those cases where the pathological state is obscure

or entirely unknown? Must we wait until it is discovered and positively determined, before we can apply the law of cure?

There may be disease without ascertainable pathological lesions, but disease without objective or subjective symptoms cannot be recognized. The *symptoms*, beginning with the inception of the disease and continuing throughout its course, only ceasing with the recovery or death, are, after all, the only constant, reliable and true signs which nature gives of the disturbed life-action going on within.

This morbid life-action *is the actual disease.* It is *this* which calls for immediate cure and not the pathological formations which, as we have before remarked, are but *the products* of disease. A perfect cure consists in so modifying this morbid life-action that all the symptoms are obliterated, and by such modification all the abnormal changes produced by disease are removed and the tissues restored to their original healthy condition.

There can be no possible doubt of the importance of an accurate knowledge of all that pathological anatomy can reveal, or of the satisfaction to be constantly derived from the study and cultivation of this science, not only as a means of understanding the nature of disease, and the reason of symptoms, but more especially on account of the advantages thereby obtained in ascertaining its probable causes, tendencies and terminations, in their relations to the subjects of *diagnosis* and *prognosis.*

While acknowledging and insisting upon this necessity for thorough pathological inquiry, however, we must not be misled by its great importance in its direction toward these especial ends just pointed out, nor by the scientific character and nature of such inquiry into the belief that the facts of pathological science must therefore enter as elements of this first essential condition of our therapeutic law.

Notwithstanding the contrary and generally received opinion of those who do not accept this law, or of those who,

while accepting it, fail to comprehend and fully appreciate its true conditions, we believe that the acknowledged facts of pathological anatomy, although absolutely indispensable for the purposes just mentioned, have no direct or special relation to the Science of Therapeutics; and if these accepted facts are unavailable for therapeutical use, how much less reliable must be those assumed indications, formed from the hypothetical notions of the physician, regarding the morbid condition which he may imagine to exist in the patient?

We have no fear of being supposed to undervalue the facts of pathological science or the importance of its study, but whatever may be its advantages for other purposes, in the absence of pathological provings of drugs, it must always be a false light if we rely upon it to guide us in the selection of the homœopathic remedy for disease.

The science of Pathological Anatomy has its own sphere of usefulness, and it has also its natural and definite limitation, beyond which it can have no practical application to the science of Therapeutics.

Believing Homœopathy to be true, accepting its law as our guide, and aiming at scientific certainty in our prescriptions, we must also accept, as an imperative necessity, the essential condition of the law as understood and taught by Hahnemann, that, by a comparison of the *symptoms* of the patient with the *symptoms* excited by drugs upon the healthy, the curative remedy must be selected; and experience positively assures us, no matter what may be the pathological condition, that THE SYMPTOMS ARE ALONE SUFFICIENT to indicate the remedy, if the case be curable and a proper one for the application of the homœopathic law.

The next essential condition of the law *similia similibus curantur* to be noticed is INDIVIDUALIZATION, by which we mean that, for each individual case of disease, there must be a special application of the law.

The practice of Homœopathy admits of no broad *generali-*

zation; for it would be impossible to apply the law to the treatment of *disease*, in the general sense in which that term is ordinarily used and understood. And any attempt to cure individual cases of disease upon the general principles of any of the sciences related to medicine, is incompatible with the true science of Therapeutics, and the natural law upon which that science is founded.

This law is essentially and solely a law controlling the power inherent in drugs, in its curative action upon the diseased organism. To this end it is applicable and to no other. But, while it is universal in its operation under its required conditions, and so far as its sphere of applicability extends, it must be remembered that it is not a law appertaining either to Physics, Chemistry, or any other science. It is true that the principles of several other sciences are frequently available for the treatment of special cases depending upon chemical or mechanical causes, and other derangements of the system irrelative to that morbid state which may be recognized as disease. The practitioner of Homœopathy, without inconsistency or compromise of principle as a follower of Hahnneman, applies all the necessary remedial means suggested by these auxiliary principles, in the management of those cases which do not come under the "law of similars." But for the treatment of any diseased condition not depending upon or continued by those causes referred to, he acknowledges no principle nor system of cure based upon any law other than that of *similia similibus curantur.*

Nor is the practice of Homœopathy reconcilable with the idea or doctrine of *specifics* for diseases which are known by certain names. While the homœopathic remedy prescribed for an individual case of disease is a *specific* for that particular patient, it has no relation, *as a specific*, for the class of diseases to which that case may belong, or the name by which it may be known. For instance: It is a popular notion that Belladonna is the specific remedy for scarlet fever, and when the disease is known to be scarlet fever, this medicine is sup-

posed to be required in all cases. Now, the truth is that Belladonna is no more a *specific* for scarlet fever than it is for pneumonia, croup or measles, and it is never prescribed in scarlet fever except when the symptoms of the individual patient are similar to the symptoms produced by Belladonna upon the healthy. Under these circumstances, it is just as much indicated in any other case of sickness, no matter under what name the disease may be known or classified. Any other remedy, whether it had ever before been used in scarlet fever or not, would be given in preference to Belladonna, if its symptoms more closely resembled the individual case than did those of Belladonna.

It might, perhaps, be presumed that Hahnemann entertained and sanctioned the idea of *specifics* when he pointed out the remedies for cholera. It is well known that when the cholera was approaching Germany from the east, in the year 1831, Hahnemann predicted the remedies to be used. This he did, not from a knowledge of the general symptoms by which the disease was known as *Cholera Asiatica*, but by an *individualization* of the cases. He received letters asking his advice, from the physicians who had seen the disease and were alarmed at the suddenness and severity of its attacks. They wrote him the particulars and the peculiar symptoms of the individual cases which had come under their notice, and he at once told them that when the cases presented such and such symptoms *camphor* would be the remedy, for another combination of symptoms *veratrum*, and for a different set *cuprum* would be indicated. By studying out the indications, which were to be obtained only from individual cases, and guided by an unerring law of nature, he predicted the remedies that would cure the cholera *before he had ever seen a single case of that disease.*

Thus was achieved as great a triumph of the human intellect as that before referred to, when Addams and Le Verrier in another branch of science, pointed out to their fellow astronomers the place of Neptune in the heavens.

Each individual case of sickness, under whatever name it may be known or classified, must be analyzed and studied out separately, without regard to any relation existing between it and any other case of the same disease, or, in fact, to any other diseases, and the law applied to it. If this consisted in merely matching the symptoms of the drug mechanically with the "totality of the symptoms" of the patient, the practice of Homœopathy would be a simple matter. But it demands on the part of the physician the exercise of his greatest powers of observation, the nicest discrimination, and the clearest judgment. With a thorough knowledge of the several branches of science related to medicine, it requires, also, a special study of the comparative value of each symptom, and a careful consideration of its importance in a physiological, pathological and therapeutical point of view, together with a *constant study* of the Materia Medica.

The requirements of Homœopathy, therefore, become much more difficult and exacting from this necessity for *individualization;* and, at the same time, the investigation must be essentially more analytical and scientific in its nature, in entering into all the particulars and minutiæ of each case, than it would be if generalization alone were to be considered. Strict *individualization* gives a truly scientific character to the practice of Homœopathy.

In their general classification, diseases are known by a marked resemblance in the prominent symptoms existing between the different cases included in each class, taken in connection with the pathological state, as before remarked, when this can be determined. For example: All cases of intermittent fever present paroxysms consisting of a chill, a fever and a sweat, followed by a complete *apprexia* or intermission of these general symptoms, which intermission is succeeded by a recurrence of the same kind of paroxysms. All cases of variola or small-pox are characterized by a primary fever, with pustules appearing from the fourth to the fifth day, and a secondary fever with suppuration of these

pustules, from the eighth to the eleventh day; while scarlatina is recognized by a fever, on the second day of which a fine rash begins in the fauces, on the face and neck, gradually extending downward over the surface of the body and extremities, followed after several days or weeks, by desquamation of the cuticle and other troublesome sequelæ.

In every disease such prominent symptoms show the *genus* or kind of disease, and serve to distinguish it from all others having different general symptoms.

Each disease has its own general, or, as they are termed, *generic* symptoms, which are common to all the cases of the same class and the same name.

These general symptoms are often pathognomonic (*i. e.* they indicate the signs by which a disease may be certainly known), and in determining the name and character of the disease we have to treat, they are of the utmost importance. They not only assist us in classifying the disease, but by them we learn its usual course, and are frequently made aware of danger by any untoward deviation from this course. These general symptoms also, are usually the most well-marked and easily recognized, and from their frequent severity often excite the greatest alarm. To them the physician's attention is more immediately called, and to them the patient's complaints and entreaties more directly refer. Such symptoms, however, are not of themselves sufficiently characteristic to indicate the curative remedy according to the homœopathic law. But in each individual case of sickness, these general symptoms almost always present peculiarities, by which, with symptoms of another kind presently to be noticed, the case must be *individualized.* These peculiarities may be remarked by a difference in the severity of special symptoms, by a variation in the time of their appearance or disappearance, by the period of their aggravation or amelioration, and by other singularities or circumstances which show the case to be different from all other cases of the same complaint.

Those general symptoms, which are alike in all cases of

the same disease (having no such characteristic differences) are of no value, as therapeutical indications, to the practitioner of Homœopathy.

But, besides these generic or general symptoms, there are others existing at the same time in every case, which are supposed to be merely constitutional peculiarities or idiosyncracies of the individual patient. They are apparently *accidental*, and do not seem to belong to or have any connection with the actual disease under which the patient is suffering; they are entirely useless to the physician in forming a diagnosis or prognosis. For this reason they are usually thought to be *too insignificant to notice* in considering the treatment. These accidental symptoms, however, are of the greatest importance in showing the *individuality* of the case; and the more singular or peculiar they are, the more *characteristic* they become as therapeutical indications of that particular case. Symptoms such as these, which do not necessarily belong to the disease, may be either mental or physical, objective or subjective, and their appearance may or may not be due to some pre-existing idiocyncrasy or hereditary tendency of the individual. But, from whatever known or unknown cause they may arise, they present themselves as facts in every case; and taken in connection with the peculiarities often found in the general symptoms just mentioned, they become *distinguishing* facts, by which must be established the similarity with the facts obtained by the proving of drugs upon the healthy. That these differences and peculiarities exist, and are observable in each individual case of every disease, must be admitted by all. They are facts which we have no right to annul or overlook, and which like all other facts of nature have a meaning, and must be acknowledged and accepted by all who would understand the true conditions of the law of cure.

The experience of the most successful practitioners of Homœopathy shows, that those symptoms which give a special character to each individual case, are far more significant

in a therapeutical point of view, than the general symptoms which are common to and alike in all cases of the same disease.

These peculiarities of the individual patient, no matter what may be his disease, are in reality *the true characteristic symptoms;* and they are the particular ones to be considered in relation to the medical treatment, in the application of our law of therapeutics. By observing them, the difficulties which might be otherwise experienced in selecting the proper remedy by "the totality of the symptoms" are very much lessened.

In examining the drug-proving, as recorded in the works on Materia Medica, very many symptoms will be observed, which in their character greatly resemble these *individual* or, as they might be termed, *therapeutical* symptoms.

It is probable that in drug-provings upon the healthy by large doses of crude drugs, the more violent and prominent symptoms are produced as a primary result, through the immediate reaction of the system against the irritating and poisonous qualities of the drug material. Symptoms thus excited correspond more to the *general* symptoms of disease, and are of less value than provings which are analogous to those *individual* symptoms which we believe to be of such importance as therapeutical guides. These latter provings are, no doubt, due to a deeper and later physiological reaction of the organism against the finer or partially attenuated portions of the drug matter, and the more penetrating and persistent operation of its medicinal properties. For the especial purpose of developing these pure therapeutical and true characteristic symptoms we would therefore suggest that drug-provings should be always made by attenuated doses. Those who doubt the action of such doses upon the healthy, would soon be thoroughly convinced of their effect by experimental provings upon themselves.

With regard to drug-provings generally, they are not to be looked upon as symptoms descriptive of diseases, but simply

as the record of the natural effects of drug-action upon the healthy. Nor, as a general thing, are they the result of any marked pathological changes, produced by such action of drugs on the system; hence, any description of pathological alteration of the tissues is rarely to be found among them. They are the exact language of nature, by which the action of drugs on the healthy is recognized and appreciated by those alone who can comprehend their purport.

To the physician who sees no beneficent design of the Almighty in giving drugs the power to produce disease as well as to cure it, and who ignores the necessity of studying the natural effect of drugs upon the healthy, we do not wonder that our drug-provings appear "meaningless," or that they might be considered by him as "absurd." But rightly comprehended and explained by the law *similia similibus curantur*, with a proper understanding of its natural conditions, they are full of meaning, truth and usefulness.

The "last though not least" important condition of the law *similia similibus curantur*, to which time will permit us to refer, is that which necessitates THE SMALL DOSE.

The two preceding conditions, which we have considered, refer to the *way* in which the law must be applied, while this points out the *means* by which its application is to be effected. These three conditions are so requisite to the operation of the law, and so intimately connected and mutually dependent on each other, that, unless united, no result can be obtained. This last condition, therefore, becomes an *essential* one, and must be as rigorously observed as either of the others.

The outcropping of the principle *similia* had been frequently observed by medical writers from the time of Hippocrates, whom medical history informs us was the first authority to notice it. But it remained undeveloped—because these conditions were unknown. Had not Hahnemann determined by observation and experiment this necessity for the *infinitesimally attenuated dose*, as a part of his great discovery, the

law *similia similibus curantur* might have remained undiscovered until the present time.

Before Hahnemann positively ascertained this essential condition of the law, he prescribed drugs in their crude state and in the ordinary large doses then used. But he found by experience, that disease produces an increased susceptibility in the system to drugs that excite similar symptoms in health; and that a drug capable of thus exciting such symptoms, would consequently act with too great violence in a large dose and in its crude condition, and, therefore, aggravate the case, and also produce medicinal symptoms. To avoid this increased medicinal action, his first intention was simply to diminish the dose by triturating or diluting the drug with some non-medicinal substance. But, while thus seeking merely to lessen the quantity of the medicine, he found that in proportion as he effected its diminution through subdivision and trituration or dilution, he not only did away with its poisonous quality, but, at the same time, HE SET FREE ITS LATENT CURATIVE ENERGY, which was stored up in the crude drug, and called it into activity. Even substances such as flint, marble and charcoal, the curative properties of which are almost entirely inactive in their crude form, were found to manifest decided medicinal virtue when thus minutely subdivided and attenuated. The activity of this *curative energy* became evident when the medicine was applied in accordance with "the law of similars." Hahnemann afterward ascertained by experiment, that a minute dose, thus infinitessimally attenuated, when administered to a patient in whom existed this increased susceptibility excited by disease, and under the other conditions of the law, became decidedly more efficacious in its remedial action, and would perfect a cure with much greater certainty, more promptly and permanently, than the same drug would do in its crude state, and with the ordinary large dose.

The discovery of the law of cure, together with its natural conditions—through the process of inductive reasoning and

by observation and experiment—were of sufficient importance to have ranked Hahnemann as the greatest scientific medical discoverer. But the discovery that the *curative energy of medicine* is developed by attenuation of the drug (although, perhaps, less the result of pure mental effort than were his other great discoveries), and the demonstration of the fact through the action of the infinitesimally attenuated dose, completed the glory of Homœopathy, and rendered the name of Hahnemann immortal.

As a discovery in science, we acknowledge that it is not generally appreciated and accepted—simply because it is in advance of the times. We are aware, also, that the efficacy of the small dose is doubted by those who consider it beneath their dignity to test its action, under the required conditions. This they decline to do from a preconceived notion that it would be impossible for doses so small to have any virtue as curative agents, yet, at the same time, they unhesitatingly believe and accept facts of daily occurrence which are apparently just as improbable, the causes of which they may never comprehend.

But the progress of true science is irresistibly onward; and preconceived notions or prejudices founded upon them, and ideas resulting from unsound teaching, became wonderfully changed by its advancement. Even old settled theories concerning the operation of the natural forces—heat, light, electricity, etc., which were unreservedly accepted, and stood the test of years, have recently been exploded by the developments of modern science. Within a very short period the phenomena of *heat* were taught to be due to the action of *caloric*, an imponderable agent separable from matter, yet supposed to be a distinct entity which had the faculty of uniting with all other substances; but these phenomena are now differently explained by an entirely new theory.

If Homœopathy, as a premature discovery in science, was inconsistent with the teachings of former days, it was because those teachings were inconsistent with TRUTH as since ascer-

tained and at present received. But examined by the new light of advanced science, we are assured that Homœopathy will be found to be in perfect harmony with its latest teachings and its most wonderful developments; and from the direction which scientific investigations are now taking, we are confident that the action of the SMALL DOSE can be proved to be within the probabilities of reason and truth.

For to-day, the most profound thinkers of the scientific world are giving their especial attention to the study of the many and various properties of the *molecules* or the *infinitesimals of matter*. They have found that all the well-known great natural forces, heat, light, electricity, magnetism, etc., are not, as has formerly been believed, imponderable fluids separable from matter, but are "simple affections of matter," or "modes of motion of the molecules of matter, precisely as mechanical motion is a motion of its mass." They have also demonstrated the fact, that all these great physical forces are correlated, or mutually convertible into each other:—from heat may be produced light, chemical action, electricity, etc., and from electricity may be produced heat, chemical action, light, etc. We are not only told that these physical forces of nature are convertible into each other at pleasure, but science now tells us that they are also correlated to the *mysterious vital force* of animals and plants.

This great *principle of life*, we are told, is also a force of nature, inseparable from the substance of the living form—a "mode of motion" of the organic molecules of which that form is composed.

Like all other natural forces, LIFE is only known to us by its phenomena. The existence of "a special vital force as such," is denied by many physiologists and scientists of the present day; they retaining that term "only to express the sum of the phenomena of living beings."

We learn, too, from modern science, that each individual molecule of every living organism is endowed with *vital energy*—having an independent life within itself. It is this

peculiar property, impressed by the Creator upon the organic molecule, which so essentially and greatly distinguishes it from the molecule of inorganic matter. And while the idea is now generally abandoned, that the system is under the control of a distinct principle, which resists the action of the natural forces during life, and is denominated the *vital force*, yet this term may still be used to represent THE COMBINED ENERGIES OF THE INDIVIDUAL MOLECULES IN A LIVING ORGANISM.

In studying the phenomena of *life*, we are therefore concerned particularly with the *attributes* of organic matter—with its *vital energies or force, its properties or affections.* Without these, all such matter is subject then only to physical laws.

Health consists not only in perfect harmony of the physiological functions of the organism, but, also, in the harmonious relation existing between the *formative* and the *destructive processes* constantly going on through the influence of *vitality* in its mode of motion of the organic molecules. While *disease*, on the contrary, is a disturbance in this harmony of life-action, or, in other words, an *interference or change* in the *mode of motion* of the molecules in the parts affected, whereby modification of so-called function, or eventually pathological formations are produced. And *death* is the cessation in the individual organism of all molecular motion and the phenomena caused by it.

Believing disease to be purely *vital* in its essence, we can, hence, readily understand that all pathological formations are the consequences of *interference* or *change* in the "mode of motion" in the arrangement of the organic molecules, especially as such morbid results take place without the control of those physiological laws which regulate the formation of healthy organized tissue. Not acknowledging this change in *molecular motion* as the ultimate cause of such formations, *pathological products* are looked upon by many as the *actual disease*, and these unnatural material alterations are erro

neously accepted by them as furnishing the proper indications for medical treatment, requiring, in their opinion, material doses for the cure.

Now, if we could believe that disease was entirely of a *material* nature, requiring a process of elimination or expulsion by mechanical means for its cure, we might understand the necessity for the exhibition of drug-matter in its crude form and as a material mass. But, if all pathological formations or products are developed by a primary morbific life-action, and if disease is predicable only of *vitality* or *imponderable force*, what inconsistency or incongruity is there in the employment of a curative or remedial agent which is also AN IMPONDERABLE FORCE, such as the exceedingly minute and greatly attenuated dose which we administer? It is in reality the response of one natural force to the restorative influence of another. For, from close observation and careful study of the evidences which show the analogous mode of action of *drug power*, or *the curative energy of medicine*, to the forces of electricity, magnetism, chemical action, heat, etc., upon the living organism, we are convinced that, like them, this *curative energy* is also "a simple affection of matter," and "an actual force of nature." And like all the well-known natural forces it has, too, its own "mode of motion," which it manifests through each individual drug by a "special rate of vibration."

This "rate of vibration" or "length of wave motion" of drug-power is affected by the minuteness of the subdivision of the drug-material, and the limit of the infinitesimal exhibits its highest effect as "a mode of motion" *untrammeled by the transmission of appreciable matter*. While we are aware that this curative energy is still unrecognized by the scientific world as a force of nature, yet we believe there is no possible doubt that before long we shall be able to understand that *medicinal force* is not only correlated to all the great physical forces, but, also, to the mysterious vital force of living beings.

Experience proves to us that this agent manifests its curative action (under the law of similars and its essential conditions) even when the drug is so greatly attenuated that the most delicate and searching tests fail to detect the slightest trace of the drug-material; and we feel no compromise of dignity, nor do we see any absurdity in the application of this curative agent through the infinitesimally attenuated dose because the drug-matter in such a dose *is not appreciable by the senses.*

We do not deny the fact that curative effects are produced by material doses of crude drugs, even when combined with all their poisonous and injurious qualities; but we do not believe that such curative effects are proportionate to the quantity of drug matter contained in the dose. On the contrary, we are convinced that the *curative energy* of drugs is developed in proportion to the decrease of drug matter by the process of regular and gradual attenuation, as discovered and taught by Hahnemann. While we know that this curative force does act in material doses, yet we believe that the less it is encumbered by the material substance, with its injurious properties, the more analogous is its action to that of other natural forces; and, from this analogy, we are convinced that it is *not essential* to the operation of this curative agent that there should be *any transmission of appreciable matter.*

If we examine the phenomena of the great physical forces in nature, we find that they are all manifested without the intermediate action of matter *appreciable by the senses*, and without the transmission of such matter in any form. This is the accepted dictum of the highest scientific authorities.

In the phenomena of heat, light, chemical action, electricity, magnetism, etc., existing at the sun, and measured upon our earth at a distance of ninety-one and a half millions of miles from their source, we know of no appreciable matter emitted therefrom. In fact the undulatory theory of light has been demonstrated, in opposition to the emission theory

of Newton, who supposed that actual though infinitesimal particles of matter were transmitted from the sun to the earth to produce on our senses the phenomena of light. We know that when a magnet imparts magnetism to a bar of steel by approach or actual contact, there has been no transmission whatever of appreciable matter, although actual power or force has been imparted equal to that of the original, without lessening or impairing the power of the original. Through two thousand miles of telegraph cable, with the whole earth as the return medium, the scientist has transmitted intelligible messages with the electricity generated by a *gun cap*,—a "mode of motion" certainly *without the transmission of appreciable matter*. He has announced that *heat* is merely a "mode of motion"—and not the transmission of ponderable heated matter. We know that *sound*, also, whether transmitted through the air, water, or a bar of the densest steel, is simply a "mode of wave motion." And who supposes for a moment that matter is transmitted for miles in every direction, when the sound from a cannon impinges upon the nerves of hearing? If so, what is the measure of the length and breadth of its particles? When the eloquence of the orator or the notes of a Nillson have thrilled our hearts with the keenest pleasure, can we suppose that appreciable matter has been transmitted from them to a thousand nervous systems? The great oceanic tides are "modes of wave motion" only, and not a great translatory movement of water around the globe.

All the great natural forces exhibit, by their peculiar phenomena, their "modes of motion" upon the nerves of sight, hearing, smelling, taste and feeling. They do not, in any case, act by the *actual transmission of appreciable matter*. The nerve centre of each special sense is affected through its nerves, only and solely by that certain and invariable "mode of motion" which is naturally related to it. The vibrations of light affect only the nerves of sight, the vibrations of sound affect only the nerves of hearing; but the vibrations

related to the nerves of the eye cannot affect the nerves of the ear or the tongue; hence a diseased condition of the nerves of sight, although acutely susceptible to the undulations of light, cannot be aggravated by the loudest vibrations of sound; nor can a diseased condition of the nerves of hearing be made in the slightest degree worse by the brightest rays of light.

Even if the mathematics of mechanics did not negate the transmission of matter, in these and analogous laws, there would be no harshness of assumption in asserting, that all exhibition of natural force, whether of universal gravitation, electricity, magnetism, chemical action, crystallization or the "mysterious" vital force of animals and vegetables, is merely "a mode of wave motion."

But among the most marvellous developments in science of recent days, those exhibited by the SPECTROSCOPE have revealed the most brilliant and unexpected wonders. And they have been so fully examined and verified, that the law announced by Kirchhoff is unreservedly accepted; the law of probabilities assuring us that there are millions of chances to one that it is true, as it is equally true of gravitation, heat, electricity, etc. The revelations of this instrument exhibit to the senses the combustion of well-known substances, in stars that are millions of millions of miles distant from us, whose phenomena required thousands of years to traverse space before reaching the eye; and yet no appreciable matter was actually transmitted to us.

It is well known that Newton, by means of a prism of glass, resolved white light into the seven prismatic colors—the colors of the rainbow. Later experimenters have examined the invisible spectrum, beyond the limits of the visible colors, and find heat rays on one extreme and chemical rays on the other. In fact, the visible part of the spectrum is the weakest part thereof. About seventy years ago it was discovered that these prismatic colors from the light of the sun were intersected by a number of *dark lines*; and notwith-

standing the researches of the most able investigators, these dark lines remained a hidden mystery to the scientific world, until Kirchhoff, only a few years since, discovered their wonderful meaning. It was besides ascertained that the light coming directly from the fixed stars, when transmitted through the prism, also presented *dark lines*, differing, however, in their number and position from those exhibited in the solar spectrum.

By means of what is termed "Spectrum Analysis," Kirchhoff has shown us what these mysterious dark lines are. He has made "provings" with the spectroscope of well known substances, such as iron, silver, sodium, and demonstrated that the light emitted from these substances and others, when burning in a gaseous state, produces spectra of narrow *bright colored lines* of invariable breadths, spaces and position peculiar to each substance, and those of any one substance holding an invariable relation to the spectra of all the others. For instance:—The spectrum produced by silver burning in a gaseous state is composed of green lines, of sodium yellow lines, etc. In the spectra of the sun and the stars, the dark lines are not produced by the source of light, but they tell us of vapors through which the light has passed, which have robbed the light of certain definite colors, by changing or interfering with their rates of vibration. By comparing the *bright lines* in the spectra of the light of terrestrial substances, when burning in a state of gas, with the *dark lines* in the solar spectrum, we are shown how to interpret their meaning. When a group of such bright lines coincides in number, breadth and position with a group of dark lines, we know that the terrestrial substance producing the *bright lines* is present in the sun.

With this law before him, the modern scietific experimenter has learned to measure, in millionths of an inch, the wavelength of the vibrations of light emitted by each line in the spectrum. But he has done this at the cost of repudiating all previous teaching and belief IN THE TRANSMISSION OF APPRECIABLE MATTER.

We have been thus particular in the explanation of these phenomena, because we shall establish a close analogy between them and the operation of THE SMALL DOSE.

In attempting to give a "reason" for the action of our remedies when administered in infinitesimally attenuated doses, we too frequently weaken our cause by mere hypotheses, or so-called theories. Yet why should the logic of our accumulated facts be rejected, when the scientific world to-day is unable to offer the vaguest reason for the great law of universal gravitation, known to us solely by its results. We know that gravitation governs the movements of the planets around the sun, of satellites around the planets, of the rock or the feather falling to the earth, but of the cause, nothing more is known to-day than Newton knew. Not only are we ignorant of the cause, but ignorant of any intermediate material which is appreciable by our senses.

The mere statement of the phenomena of the laws of nature, so far as we know them, is no explanation of the "why" of their existence or action. And Humboldt has not hesitated to affirm, that when we know the absolute "why" or the "reason" of such laws we become OMNISCIENT.

By the time the "reason" for the phenomena of LIGHT, as exhibited by the spectroscope, is announced, we will be able to state the "reason" of the action of our remedies in infinitesimally attenuated doses.

We are convinced we are working according to a great natural law, from the fact of its analogy to the laws we have so briefly adverted to. And if appreciable matter is emitted in the operation of any of these natural forces and impinges upon our nerves, what is the amount of matter which tells us that sodium, iron, magnesium, or hydrogen are burning in *Sirius*, tens of millions of miles distant from us? What is the quantity of matter, if any, emitted by the central sun of all the systems of the universe, to keep them in their undeviating courses through myriads of centuries?

In the phenomena of heat, sound, electricity, etc., we have

clear and beautiful analogies of their action on the healthy nervous system (as shown by our detection of the phenomena) with the drug-power upon the "mode of motion" in the system of the patient; but we shall restrict ourselves to a single analogy from the phenomena of light.

As the spectroscopist determines, by long and persistent experiments, the number, size, position and relation of the bright lines which each metal or substance exhibits, under natural conditions, so have we, under the leadership of Hahnemann, experimented and "proved" the definite action of drugs upon the normal wave-length of vital energy in healthy subjects. As the spectroscopist has experimented with from one to twenty prisms of various densities and materials, under various conditions, as becomes an earnest searcher after truth, so have we "proved" the definite action of drugs upon subjects of every shade of constitution and temperament, and have recorded the results for future reference and guidance. The dark lines in the solar spectrum tell us that intermediate vapors have robbed the light of certain definite colors, by changing or interfering with their "modes of motion;"—and the symptoms of our patient tell us just as certainly, that definite and normal "rates of vibration" of his organism have been disturbed or modified. In the solar spectrum the definite colors are reproduced, not by the exhibition of crude matter, but by the LIGHT of specified substances burning as gas:—so in our patient, we reproduce the normal and healthy "rates of vibration" in his system, not by the administration of crude matter, but of DRUG-POWER, or the CURATIVE ENERGY of medicine exhibited by specified substances in INFINITESIMALLY ATTENUATED DOSES.

Bureau of Materia Medica and Provings.

VERIFIED SYMPTOMS.

BY H. N. MARTIN, M. D., PHILADELPHIA.

Aconitum nap. A great tingling sensation and sensitive feeling of the nerves of the left arm and of the whole left side of the body, occurring after standing in a draft of cold air; cured in an old man who was paralytic in the left side, with the 1000th potency (Tafel). Foundry-men who work in hot furnaces, and frequently "cool off" in the open air, are subject to cranial neuralgia and cerebral congestion. These affections are speedily relieved with Aconite, high.

Ten drops of the pure tincture of Aconite in a tumbler half full of water proves nearly specific in ordinary forms of cholera morbus. A teaspoonful every half hour, or oftener, according to the urgency of the symptoms.

Agaricus musc. Chilblains and burning itching bunions have been almost uniformly cured. I remember of but one failure in a large number of cases. A single dose of the 200th, dry, on the tongue, usually ameliorates the condition within twenty-four hours, and a speedy cure follows.

Aloes. Nearly specific for dysenteric diarrhœa, with sensation as if the rectum were full of water, which gushes out at the least effort to pass flatus. One case, in which the patient passed a quantity of black fluid bood, was relieved immediately with one dose of Aloes, high.

Antimonium crud. A child had marasmus, emaciated to a skeleton. The symptom deciding the remedy was, *great crossness when touched or looked at*, which was unusual when in health. An allopathic physician promised to practice homœopathy and renounce allopathy, if this child were cured by homœopathic medicine. A promise never fulfilled, though he could not deny the cure. One dose, high, was all that was necessary. The mother had a troublesome corn on the bottom of one foot, which disappeared under one dose of Antimonium crud., high.

A true case of dry gangrene of the toe was cured with this medicine, given in the 6th and 30th potencies, in alternation. More than thirty years later the patient died of the same affection.

Apis. This medicine, given in the third decimal dilution, will speedily cure nearly every case of diphtheria in the early stage. It has not failed in a single instance during the past three months, although prescribed in a large number of cases.

In acute synovitis of the knee, if the pains are most violent at night, *without thirst*, it has shown marvellous power when given in the 1000th potency (Tafel).

Anacardium. Has proved one of our most valuable medicines for dyspepsia. Many cases which have resisted the efforts of other physicians, I have cured with this agent. It stands between Nux vom. and Lycopodium. "*The symptoms disappear while eating, and return again in two hours,*" is a reliable symptom, and I have corroborated it in not less than ten cases. During my clinic at the Hahnemann Medical College of Philadelphia, last winter, a case of inveterate dyspepsia was cured by this medicine (Tafel's 1000th). The characteristic indication above given was present in this patient's case.

It has proved of value in morning sickness of pregnancy.

Argentum metallicum. In too profuse flow of pale urine, causing the patient to rise frequently at night, no other medicine has proved so generally useful.

Arnica. This medicine stands among the first in value for coughs dependent upon cardiac lesion. The cough is paroxysmal in character, occurs at night and during sleep, *without awakening* the patient.

For angina-pectoris it is one of our best agents. The patient complains of sudden cardiac pain, with sensation as if the heart were tightly grasped by a band. The pain extends in the direction of the liver, and upward through the left pectoral region, and down the left arm. The pain is especially severe in the elbow of the left arm.

I have found the most benefit from the use of the tincture in heart affections, ten drops in a tumbler half full of water, a teaspoonful every few minutes or hours, according to the urgency of the case; while in whooping-cough or typhoid fever, I have had the best results from the high potencies.

Arsenicum iodatum. The Iodide of Arsenic is my reliance in acute swellings of the axillary and inguinal glands, and sometimes, when the submaxillary glands are swollen, and threaten to suppurate. Even after the peculiar throbbing pains have set in, which seem to indicate the establishment of the suppurative process, I have known this agent to speedily disperse and reduce the swelling. It excels all other medicines for the rapid cure of venereal bubo. I feel certain that this statement is not too strongly emphasized. I use it in the second or third decimal trituration.

Arsenicum album. During the death throes of consumption, when the patient is agonized with extreme restlessness and difficulty of breathing, a single dose of the 8000th potency (Jenichen), exerts an almost magical power in giving quiet and ease to the last moments of life.

Indolent ulcers upon the tibia with bloody ichorous discharge, corrosive burning, and a reddish-brown appearance far around the ulcer, are cured by Arsenic, high.

In gastric fevers, when cold water is not tolerated by the stomach, or the stomach feels as if filled with cold water, this medicine is my chief reliance. In such cases we frequently

find the characteristic arsenic pain after eating, with immediate expulsion from the rectum of a dark-colored, watery, offensive fluid, mingled with undigested food. Arsenic, high, answers all our expectations here.

A PROVING OF MACROTIN.

BY C. P. SEIP, M. D., PITTSBURG.

Each of the following provings were made with the third trituration, three or four grains being taken three times a day, with a gradual increase in the quantity, until twenty-five grains a day were taken.

Mind.

He is constantly troubling himself about something. v.

More or less fear; apprehensive; thinks she has some incurable disease. v.

She feels miserable; words cannot express how badly she feels.

Mind is dull, heavy; can't collect her thoughts long enough to write a few lines. v.

Fear of impending danger.

She sits for a long time thoughtless; moving her hands and feet; frequent sighing. v.

Melancholy; at times very irritable; relieved when menstruation sets in. v.

Great forgetfulness, with inability to concentrate her ideas, which makes her very angry.

Suspicious of everybody; thinks she has not told the truth in regard to herself. v.

Head.

Pain in the occiput in the morning.

Severe sharp pain over the left eye, extending through the head to the occipital protuberance. v.

Throbbing headache in the afternoon, increasing towards evening, worse during motion, must lie perfectly quiet. v.

Headache, preceded by lachrymation. v.

Dull headache, commencing in the occiput, gradually extending to the vertex and forehead. v.

Headache is temporarily relieved by pressure; by sleep. Next day soreness in the eyeballs, aggravated by pressure. v.

Headache in the evening, relieved as soon as eructations and nausea set in. v.

Eyes.

Muscæ volitantes before the right eye in the morning.

Increased lachrymation while reading, v.

Eyes congested, particularly towards the inner canthus; worse in the open air.

Eyeballs feel enlarged and sensitive to pressure. v.

Twitching of the upper eyelids. v.

Face.

Face suddenly becomes flushed and hot. v.

Mouth and Throat.

Dry, sticky feeling in the mouth.

Tongue slightly coated, yellowish; sense of taste impaired.

Tongue is pale and feels heavy. v.

Dryness in throat, causing frequent hawking and coughing.

Stomach.

Nausea and eructations in the evening.

Faint feeling in the epigastrium, extending over the whole chest and head, followed immediately by a throbbing sensation over the whole body. v.

Faintness in the epigastrium, brought on by meeting any person with whom he is acquainted. (This symptom cannot be better described than by stating that it is similar to that produced by a sudden fright.)

Abdomen and Stools.

Sharp cutting pain in the umbilical region early in the morning, relieved after stool; large papescent stool.

Alternate constipation and diarrhœa. v.

Urine.

Frequent desire to urinate, but in normal quantity.

Frequent desire, with profuse flow of pale urine. v.

Sexual Organs.

Suppression of menses for six weeks.

Pulsating pain in small of the back, relieved by pressure, and after menstruation. v.

During menstruation bearing down pain, with sensation of tightness around the hips. v.

Menses scanty and dark; clotted; afterwards increased in quantity.

Dysmenorrhœa; pain not relieved for several hours after the flow has commenced. v.

Dark circles around the eyes a week before menstruation, which disappear after the menses have set in.

The mammæ feel sore; heaviness in the extremities before menstruation. v.

Chest.

Sudden sharp pains a little below the left nipple. v.

Darting pains in the chest (both sides), with palpitation of the heart. v.

Pain in left side of the chest, extending through to the back.

Pain as if it were in the heart, extending down the left arm to the fingers, with palpitation. v.

Frequent palpitation at night in bed.

Palpitation from the least excitement or exertion.

Back and Extremities.

Sensation in the neck as if the muscles were too short.

Pulsating pain in the lumbar region, relieved by supporting the back, (in the chair, or by pressure of the hands). v.

Pain in the whole back, as if all of the muscles were bruised. v.

Upper Extremities.—Dull pain in the right arm from the elbow to the shoulder. v.

Pain in the left shoulder shooting down to the fingers.

Weakness in both arms, and inability to move them.

Lower Extremities.—Heaviness of the legs as if very tired.

Pain in left knee, on inside of patellæ and right ankle. v.

The muscles in the calves of the legs feel as if too short. v.

Pain in the muscles of the thigh.

Sleep.

Sleeplessness till 2 A. M. v.

Disturbed sleep; dreams much of trouble and danger. v.

When falling asleep, starts up suddenly for fear he will fall, or to avoid danger. v.

Dreams of being on high places, and is in danger of falling. v.

Wakes up at night with palpitation of the heart. v.

Generalities.

Great restlessness; must move about, the mind feels easier by doing so. v.

Desire to constantly move about, but feels so weak and tired as hardly to be able to get on his feet, yet after walking awhile he feels better, but soon relapses into his previous feeling of weakness. v.

The whole muscular system seems exhausted after the least exertion.

The acute pains are aggravated by motion.

Bureau of Clinical Medicine and Zymoses.

A CASE OF CHOREA.

BY W.. R. CHILDS, M. D., PITTSBURG.

Mr. L., aged 14. In March, 1872, had intermittent fever, which was cured by Quinine. In May he was troubled with lameness and dragging of the left leg, and twitching of the left arm. In June he had imperfect speech, trembling of the tongue, and inability to grasp and hold anything in the left hand, and also twitching of the left side of the body. On June 7th, in view of the drugs which had been previously taken, I prescribed Nux vom., which was continued up to the 16th. The patient complained of great restlessness at night. Prescribed Gelsem., which was continued for fifteen days without any marked improvement. On July 7th, the patient having been without medicine for seven days, I prescribed Cuprum met. 4^{m}, a dose to be taken every six hours until improvement set in. Ten doses in all were taken. The patient was entirely cured, and has remained well up to the present time, February 1st, 1873.

CLINICAL OBSERVATIONS ON CERTAIN REMEDIES.

BY W. M. WILLIAMSON, M. D., PHILADELPHIA.

Laurocerasus: In hooping-cough, spasmodic cough, of a whistling sound in the latter stages, without expectoration of mucus.

Graphites: Brown, thin stools, mixed with undigested food, of exceedingly fetid odor.

Veratrum viride: In convulsions, after scarlet fever, great dilatation of the pupils; a marked symptom of the case was inability to sleep.

Colocynthis: Intense burning the entire length of the urethra during stool.

Stramonium: Discharge at the menstrual period very watery.

Natrum muriaticum: Rapid emaciation of children, in diarrhœa of warm weather.

Leptandra Virginica: Griping pains in the large intestines after stool, without tenesmus.

Kalmia latifolia: Wandering rheumatic pains in the region of the heart.

Colchicum: Bad taste, after losing rest; melancholy; drowsiness, but cannot sleep, mind too active.

Sanguinaria Can.: Hooping-cough, worse at night, with diarrhœa.

Ignatia-amara: Hollow spasmodic cough, worse in the evening, with but little expectoration, leaving pain in the trachea.

Cistus Canadensis: Vesicular erysipelas of the face.

Aurum mur.: Deep cracks in the alæ nasi, in old cases of ozæna.

Eupatorium per.: Cracks in the corners of the mouth, yellow coated tongue, thirst.

Veratrum viride: Menstrual colic, before the appearance of the discharge, with strangury.

Digitalis: Constant desire to urinate, passing only a small quantity of pale-colored water, without affording any relief.

Nux moschata: Hysteria, accompanied with strangury.

Collinsonia Can.: Hæmorrhoids make their appearance while suffering from an attack of diarrhœa.

Hydrastis Can.: Sore mouth of nursing woman; tongue large, and retains the impression made by the teeth.

Ammonium carb.: Ozæna, discharge of blood and mucus (thick) in the morning; stopped up at night; cannot breathe through nostrils.

Rumex crispus: Dry, incessant, tickling cough, with alteration of the voice.

A CURIOUS CLINICAL CASE.

BY C. A. STEVENS, M. D., SCRANTON.

On Tuesday, January 14th, 1873, I was called to see Robert A. Hall, aged 35; nervous, bilious temperament. Found him lying on the lounge, apparently unconscious, but writhing, and expressing extreme suffering by the contortions of his face. About ten minutes before I saw him ¼ gr. of morphine had been administered by an old school physician, who had been summoned by the neighbors. The patient had been subject to attacks of bilious headache all his life. After getting him into bed I administered Belladonna, which seemed to give him considerable relief. In about half an hour he began to be sick at the stomach, and threw off some brandy, which had been given by an attendant when he was first taken, about an hour before. In about thirty minutes after throwing off the brandy he again vomited, and threw off some green canned corn, which he had eaten for dinner. In about an hour he threw off still more corn, after which he rested tolerably well through the night.

On Wednesday morning, about eight o'clock, I roused him out of his semi-stupor. He seemed quite bewildered, and thought himself at a hotel in Hartford, Connecticut, where, about five years before, he had nursed a very sick brother. I asked him if he would not like some breakfast, and he said: "Yes; tell George to tell the cook to prepare me some, such as he used to do for my brother."

I told him I thought I would have his wife prepare it. He

said it was a great outrage to have his wife go into the kitchen of such a hotel to prepare his breakfast. He did not recognize me, though I had been his family physician for the past two years. His wife he knew, and she was the only one of the family he did at this time recognize. He complained of great pain—first in his back across the loins, then in the back of his head (occiput), then in the forehead, changing from one to the other, but feeling it in but one of the locations at a time.

I gave him a cup of coffee as an antidote to the morphine, and some toast, which he said he relished. After eating he got up for a short time. I gave him Nux vomica, 12, and saw him again at eleven o'clock. I found him complaining of great pain in the back, saying his back was broken. I administered an enema of tepid water, which soon passed off, and seemed to afford him great relief, for he rested quietly some hours. He rested pretty well through the night under an occasional dose of Belladonna. All this time he recognizes no one of the acquaintances he had made during his residence in Scranton (about two and a half years); does not know that he has a store in the place (he is a bookseller), and does not recognize his partner or clerks. He has had two children born since he came to Scranton, and built him a house, in which he lives, and knows nothing about them. He has one little daughter about five years old, and he says she has grown very much. As he recollects her she was about two years old. All the neighbors who see him have to be introduced to him. In May, 1870, while he was living at Elmira, N. Y., he received a very severe blow upon the top of the head, which knocked him down, and in falling he struck on the back of the head, giving that a severe contusion. From the effects of the injury he was for a time unconscious, but soon after became conscious, and nothing further was noticed resulting from it. Now, everything previous to that time is perfectly remembered; but from that time to the 15th of January, 1873, all is a perfect blank to

him. Everything that has transpired in that time is entirely wiped out of his memory. He says his mind never was so clear as now, and it is astonishing how perfectly he retains all that is told him, and all that he reads in the papers.

CLINICAL CASES.

BY WILLIAM D. HALL, M. D., CARLISLE.

Uterine Hemorrhage and Abortion.—Mrs. G., æt. 40, full plethoric habit, had at the fifth month of pregnancy taken drugs to produce abortion. The fœtus came away at daylight, after which the woman got up and prepared breakfast, experiencing no unpleasant effect, except that of a painful, bloated feeling in the region of the uterus, which appeared much larger to her than before the abortion. There was *no flow whatever* after the fœtus came away, but *very profuse all night before.* The husband, ignorant of the state of affairs, found her at 10 A. M. on the sofa, pale, cold, and speechless. I, being the nearest physician, was called to the case. Found the abdomen very much enlarged, and presenting the appearance of a woman in the last stage of pregnancy. Suspicious of an abortion, I proposed, and finally insisted on, an examination, to which the woman by signs objected. Learning from the husband that she had had a great deal of flow, accompanied by great pain during the after part of the night, I gave her one dose of China 2^{c}, dry on the tongue, which soon gave so marked relief that I did not call until four hours later, when I found my patient up and performing some light housework. The bloated condition of the abdomen had entirely disappeared. She said that she had "a very profuse hemorrhage, which set in soon after taking the medicine, which lasted two hours, and this took away the swelling." I learned that as soon as the fœtus escaped she had placed ice over the region of the uterus "to prevent flow." This doubt-

less caused what is known as the "hour-glass contraction." In the case but the one dose of China 2° (Jenichen) was used.

Uterine Hemorrhage consequent on Change of Life.—Mrs. B., æt. 45; change of life. This case is reported for the purpose of showing the susceptibility of the patient to drugs. I was called several times in consultation, and never saw a more marked case indicating the homœopathic remedy, and yet causing so much annoyance to the attending physician.

The hemorrhage came on very suddenly, while sitting on a chair combing a child's hair, and before the patient was aware of the fact, had run through the cushion on which she sat to the floor.

Her symptoms were: Great pressing, as if everything would come out of the vulva; face and eyes red and flushed; much throbbing of the carotids; head hot; pain in the back; discharge feels hot and smells badly, partly fluid and partly clotted. Belladonna was the remedy: four drops in a tumbler of water, a teaspoonful every two hours, the prescription. Two days after was again called to see the patient, in whom no change for the better but for the worse had taken place; symptoms precisely the same, but all more aggravated. Continued Bell. Three days after was again called. The patient was now completely prostrated, yet Belladonna was the remedy, not a single symptom to counterindicate its use. Thinking the case was one of medicinal aggravation, I prepared one drop of Bell. in a tumbler of water, giving a dessertspoonful every two hours. The result was magical: in less than twelve hours the profuse hemorrhage ceased and the case rapidly improved, so that in a week's time the patient was again at her household duties.

I have since learned that this patient cannot take the ordinary dose in any disease, as it causes the greatest aggravation of the symptoms.

Ulceration of the Right Inferior Molar.—Maggie L., æt. 10, from running in the snow and getting her feet wet, took a violent cold, resulting in ulceration of the right inferior

lateral molar, which contained a slight cavity. The pain was so great that the little patient had no sleep day or night for forty-eight hours.

She obtained marked relief *from holding hot water in the mouth, by keeping the painful side of the face as near a hot stove as possible, or by keeping warm towels pressed against the cheek. Angry and very irritable.* Here was marked *relief from heat*, and recollecting a symptom laid down by Prof. Hering, in Gross's Comparative Materia Medica, "*the toothache makes him angry*," I prescribed Arsenicum album 1 $\frac{1}{100}$ every fifteen minutes. After taking two powders, the pains ceased entirely. A few days after the tooth, on being extracted, showed signs of extensive ulceration.

This case, although comparatively trifling, made converts of the family, persons of unusual intelligence, to homœopathy.

CLINICAL CASES.

BY W. M. WILLIAMSON, M. D., PHILADELPHIA.

VARICOSE ULCER.

Mrs. S., age 45 years, lymphatic temperament. Has had seven living children; the fourth child had hip disease in his eighth year, the last child lived only nine days. Had erysipelas neonatorum. While carrying this last child she suffered much from varicose veins; during the last two months of her pregnancy her limbs were swollen to nearly three times their ordinary size, so as to prevent locomotion. Her recovery was very slow, but seemed to be complete, with the exception of the enlarged veins of the left limb above the ankle, which would occasionally rupture and bleed, but seemed to yield readily to treatment.

About two years ago she suffered from some derangement of the menses, and shortly afterwards had an unusual

hemorrhage from rupture of the veins, which did not heal, but resulted in an ulcer, which extended to three inches in length and two and a half in width, irregular at the edges, but of a general oval form, with much ichorous discharge, occasionally bloody. During the time of the ulcer her general health improved, and she regained her flesh which she had lost.

Gave Hydrastic Canadensis, 1st dec. dil. as the governing remedy; Phytolacea decandra for shooting pains through the ulcer; Sepia, 30th dil., for intense itching in and around the ulcer.

At one time for several weeks the ulcer seemed at a stand, got no better and apparently no worse. Nitric ac., 30th dil. gave it a fresh start for the better, under which remedy it finally got well.

ACUTE ORCHITIS.

Josè T., a German, aged 27 years; nervo-bilious temperament; opera-singer. Had acute orchitis; came on very suddenly, with great swelling, intense shooting pains extending up the entire length of the spermatic cord; very sensitive to the touch;—any motion of the body, or even of the bed or clothing, brought on throbbing pains in addition to the constant heavy dragging ones.

Gave Spongia, 1st dec. dil., every half hour; was much relieved in two hours. Twenty-four hours afterwards resumed his business, seeming entirely well.

GENERAL DEBILITY.

S. R. S., 29 years old, has not been well for several years, constantly taking medicine (allopathic).

Is exhausted by the least exertion, mental or physical, suffers from a sense of weight and oppression in the epigastrium. Always hungry, with but little thirst. Constipation; stools in balls; a constant dull pain in the region of right kidney, and in the glans penis.

Passes urine frequently, about a quart in twenty-four hours; is disturbed several times during the night; color and smell about natural. Seminal fluid passes when straining at stool.

Gave Cannabis indica, 1st dec. dil. twice a day; at the end of a week felt a good deal better; continued at longer intervals. Treatment was continued for some time with much benefit; thought himself well.

SCALY TETTER.

Ellen B., Irish woman, aged thirty-five years, of sanguine temperament, had suffered for the last ten years with dry scaly tetter, on the back of both hands; always worse during cold weather; was accompanied with great aching pains extending up the forearm.

Her general health has always been very good; is quite robust; always regular.

Gave Sepia, 30th dil., dose night and morning for two weeks, afterwards every night for ten successive nights; seems to be entirely well; has had no return of the eruption or pain.

SEQUELÆ OF RHEUMATISM.

Master W., 12 years old; pain in both kidneys, with moaning; pain in the region of bladder, with sensativeness to pressure; urination produces pain in the glans penis; eating or drinking increases the pain in the bladder.

Flushing of the face during pain; gentle friction relieves the pain in the back, also in the bladder; motion of any kind, but especially walking and getting into bed, aggravates the pains.

Urine is increased in quantity, of a light color, cloudy, smells like warm, raw flesh; very little ammoniacal odor.

Has morning and evening aggravations.

Pulse during aggravation from 98 to 100, at other times about 90.

Gave Calcarea carb. 35th dil., every four hours, afterwards the 30th dil. night and morning. An entire recovery followed.

CANTHARIDES POISONING.

Miss L., aged 23 years, of nervous temperament, had rubbed her feet at night, just before retiring, with a wash composed of one part of the tincture of Cantharides to ten parts of water, to relieve Chilblains. Her rest was disturbed throughout the night, and she awoke before daylight with dragging pains in the back, as if going to be taken unwell; which period she had regularly passed about ten days before. Upon getting up, she found there was some bloody discharge, as if going to be sick, but no diminution of the pain.

Gave Camphor, 3 dec. dil. every half hour, which gave almost immediate relief; after the first dose the time was then lengthened; six hours afterwards pains all gone; no discharge.

TWO CASES OF DISEASE OF THE EAR.

BY M. M. WALKER, M. D., GERMANTOWN.

Maggie H., aged about 28 years, called August 28th, 1870. She has been unable to hear ordinary conversation since she had scarlet fever twelve years ago. There is a congested appearance of one tympanum, and thickening of the other, with otorrhœa. Flashes of heat and headache on top of head. From the chain of symptoms I prescribed Sulphur, 81 m.

Sept. 4th, no improvement; Sulph. 6 m. Sept. 11, somewhat better; Sulph. 81 m. Sept. 25, great itching of both ears, with discharge of liquid wax. On account of great itching, prescribed Hepar. sulph. 55 m, one dose. Nov. 6th, Itching ceased soon after taking last remedy. Wax is now

natural, and hearing entirely restored. Dec. 4. Reports hearing cured, and feeling better in every respect than for several years. Two and a half years have elapsed, during which time there has been no defect in hearing. May we not attribute this to the administration of these three doses of Sulphur and one of Hepar sulph. ?

Carrie H., aged probably 26 years; very tall; sanguine temperament; subject to attacks of erysipelas. Had scarlet fever twelve years ago, since which time she has been hard of hearing, owing to collection of wax in ears. After removing it by means of a gentle stream of warm water injected into the ears, I found the tympanum of one ear very much congested; the other had, at some previous time, been ruptured and healed over, and consequently was much thinner than natural.

July 24, 1870, prescribed Sulph. 6 m. Aug. 28. Reports some improvement at times since the above date, but for the last week no change; Sulph. 81 m. Sept. 4. Ears itch, with greenish discharge at night; Merc. viv. 6 m. Sept. 11. No improvement; Sulph. 81 m. Sept. 18. Better; Sac. lac. Sept. 25. Ears itch, and discharge more at night; Merc. v. 36 m. Oct 9. Not much improvement; Sulph. 30th. Nov. 27. Have been somewhat better, till a week ago they commenced itching worse than ever; are very tender to the touch; Hepar. 55m. Dec. 26. No more itching. Hearing normal, and patient feels quite well. In last two years has had one attack of erysipelas, lasting a week. Hearing perfect.

CLINICAL OBSERVATIONS.

BY S. R. RITTENHOUSE, M. D., READING.

Painful inflammation of left eye, frequently recurring, characterized by a bundle of congested vessels extending from inner canthus toward the cornea. Lachesis 30th cured.

The following peculiar symptom, recorded in Hahnneman's Materia Medica Pura, and not noted, I believe, in later works on Materia Medica, seems to me to afford reliable indication for Nux vomica, viz., itching the length of the Eustachian tube. Two cases of mine presenting this as a prominent symptom yielded promptly to this drug.

Inflamed and swollen tonsils, from a cold, painful especially when swallowing, with little or no reddening of the mucous covering, generally yield readily to Bryonia.

A prominent indication for the use of Phytolacca decandria in scarlatina anginosa is afforded by large masses of tenaceous jelly-like mucus adhering to the mucous membrane of the fauces.

Two cases of Pterygium, extending partly over the pupil of the eye, impairing the sight, were much reduced, with corresponding improvement of vision, under the influence of Lachesis 30.

A case of suppurating breast, of three or four months duration. Breast much swollen indurated, dark-red, with thin ichorous discharge through several fistulæ, with hard elevated borders. Very painful and exhausting; the pain, which was sharp and lancinating, extended from breast to back. All the remedies generally recommended for affections of this kind having been used in vain, I prescribed Thuja 30; with immediate relief and rapid cure. The idea of giving Thuja in this case was derived from Grauvogl's Text Book of Homœopathy; a work the pages of which should be carefully studied by all physicians.

EXPERIENCE WITH STRUMA: ITS TREATMENT, AND THE REPORT OF A CASE.

BY ADOLPH ELBLEIN, M. D., PITTSBURG.

The enlargement of the glandula thyroidea is so closely related to scrofula, that the term struma was formerly used to designate it.

Goitre is a stationrry affection similar to hypertrophy of the lymphatic glands in the axilla, etc. The increased size of this gland, as well as its first unexpected appearance, make it desirable that something be done to remedy the evil as soon as possible, especially when dyspnœa and disfiguration manifest themselves. The symptoms of compression are caused by the enlarged gland, and depend upon the course which this enlargement takes. When the hypertrophy takes place anteriorly only, it is most for respiration, and at the same time the most unsightly. Displacement of the sterno cleido mastoid muscles takes place when the hypertrophy is on the side of the gland, disturbing the circulation and causing innervation. Should dysphagia or dyspnœa or both manifest themselves, it is then evident that the hypertrophy has encircled the œsophagus or trachea. The most dangerous form of this affection is, when the lower portion of the gland enlarges downward, under the manubrium sterni, and then increases in all directions.

The enlargement of this gland is of two varieties. Either the development of the lobules in their physiological condition is increased, whereby an hypertrophy en masse is produced (struma lymphatica), or several of the lobules increase in size, the walls become thinner and cysts are formed (struma cystica), which in children only a few years old, may attain the size of one inch or more. The contents of these cysts are a gelatinous yellow or brownish substance, which is known as colloid. The walls of these cysts are, as a rule, in children very thin and soft; whereas in adults the walls are thickened and even ossification has been observed. The cysts are uneven and rough; the larger ones fluctuate distinctly. The lymphatic goitre never presents the roundness which characterizes the cystic form.

TREATMENT.

The thyroid gland has some very important connections in relation to the lungs (although its functions have not yet been

positively ascertained), which make it necessary to avoid the external application of Iodine when pathological growths exist.

I would here state that it belongs only to the Carbonate of Lime to produce goitre. Iodine is reputed to possess the same qualities as Calc. carb., but I think if it were combined with Calcarea it would answer the purpose better.

Perhaps Ferrum would prove of service in this affection, because it increases the already existing enlargement.

Besides Calc. carb. and Iodine, Apis has been used, and with benefit.

I would prefer to use Calc. carb. in cystic struma, as we know from experience that it has been successful in other cystic tumors, during a systematic treatment; *i. e.*, giving the medicine for some time, then for a short interval use no drugs at all, and giving the remedy in different doses.

Bromine and Spongia, also, if used in proper dilution, would do much good. The term "Kropfschamm," for Spongia, has its signification. Lastly, the cautious use of Kali hydr. might be beneficial.

A CASE OF STRUMA CURED.

May 36th, 1871. Mary S., æt. 10 years. Sanguine temperament; muscles soft and flabby; suffering from rheumatism and diarrhœa, with aversion to meat. In the seventh year of her age struma developed itself, which was treated allopathically. Among other remedies, the external use of Iodine was persistently applied, not only without any benefit, but the tumor increased during its use; besides, anorexia set in, and the patient began rapidly to emaciate. At this stage I was called. Examination revealed a tumor on the left anterior surface of the gland, the size of a pigeon egg, of soft and doughy feel, and movable, the veins crossing the tumor distinctly visible. ℞. Calc. carb.^{3}, one dose daily for eight days.

June 26th. Appetite better, but no change in tumor.

R. Calc. carb.^{6}, 20 gtts. in 2 oz. water, a dessertspoonful twice a day.

July 22d. Remarkable improvement; circumference of struma less, and a swelling of one year's standing too entirely disappeared. Now Calc. carb., 3d trit., 1 gr. twice a day for four days. Before October the tumor was rapidly diminishing, and before the close of the year the patient was pronounced entirely cured.

BROMINE.

BY ADOLPH ELBLEIN, M. D., PITTSBURG.

The continued use of this drug produces swelling of the lymphatic and other glands, and the similarity between its general effects and those arising from the use of Iodine has led us to expect similar benefits from its therapeutic use. This expectation has been abundantly confirmed by the successful use of Bromide of Potassium in scrofulous and chronic glandular diseases; and the anti-scrofulous effects of the Elizabeth Spring of Kreuznach, Germany, is probably due not more to its iodine than to its bromine.

Among the symptoms of Bromine we notice the following: Increased lachrymation; burning in the mouth and throat; coughing and choking; difficult respiration; gasping for breath; stitches in the lungs while breathing; affections of the glands. Its effect on the respiratory and glandular organs, including the scutiform gland and testes, are astonishing. We have seen great benefit from the inhalation of bromine vapor, in cases in which iodine was of no use whatever.

In larger doses Bromine produces such lesions as swellings and tumors of the mesenteric glands; inflammation of the lymphatics; also inflammation of the windpipe, with exuda

tion of plastic lymph; inflammation and enlargement of the the heart.

The therapeutic effects of this drug seem to be most prominently manifested in the treatment of scrofula, glandular diseases and croup. I have generally obtained the best effects from the use of the lower dilutions.

CLINICAL CASES.

I. CROUP.—Nov. 5th, 1872, was called to Mrs. M.'s little girl, aged five years. She had been troubled for two days with a rough cough, high fever and pain in the throat. At the time of my visit she had a hoarse voice, barking cough, difficult respiration, with whistling laryngeal sound at each breath, choking, and high fever; pulse 160; face pale and livid. The child lies on her back, sometimes restless, sometimes lethargic. The cough excites vomiting, the ejecta being a serous liquid, with pieces of pseudo-membrane. Prescribed Bromine 30, 20 drops in 4 ounces of water, a teaspoonful every two hours. In two days the case was very greatly improved, the choking spells being less frequent and the fever reduced. The remedy was continued, and the child recovered with surprising rapidity.

II. CROUP.—Dec. 11th, 1872. A scrofulous boy four years of age, was attacked with croup, the case seeming to be a desperate one. After using Spongia, Hepar and Bromine, all in the 30th dilution, in vain, I finally gave Bromine 2, 12 drops in 4 ounces of water, a teaspoonful every half hour, with the very best result.

III. GLANDULAR SWELLINGS.—George M., aged 17, has suffered since childhood with swelling of the glands of the throat. The left submaxillary gland was about twice the size of a walnut, preventing the use of a cravat. On the right side also, the glands were enlarged to a considerable degree. The swollen parts were not painful or sensitive to the touch. During the course of the treatment, however, certain portions became red, painful and sensitive. Although I had

diagnosed the formation of pus, yet in no case did suppuration occur, and the swellings disappearing by resolution. The remedy used was Bromine 6, one dose every forty-eight hours. The case was completely cured in about nine months.

After three years of careful study and experience in the use of this drug, I confidently recommend its use in scrofulous diseases; particularly in glandular affections of long standing. I commenced with the 15th dilution, but have since observed that the 6th is preferable, the swelling and hardness disappearing much more promptly and rapidly, and without producing any ill effects on the general organism. In severe cases of croup, I prefer the 2d dilution; experience having convinced me of its entire efficacy.

Bureau of Surgery.

SEPARATION OF THE LIGAMENTUM PATELLÆ.

BY M. M. WALKER, M. D., GERMANTOWN.

April 6, 1872. Miss Stella S., aged 19, playfully knelt on one knee before a stove to brush up some ashes, and in doing so struck the head of a tack driven obliquely into the oil-cloth, the head of the tack being scarcely perceptible above the cloth. A fracture occurred, which, in consultation with Prof. Macfarlan, was pronounced to be a separation of the ligamentum patellæ from the head of the tibia. The limb was bandaged and put in straight pasteboard splints, where it remained for eight weeks. An aperture was left at the knee, for applying Arnica lotion. The bandages and splints were loosened and tightened every day, to suit the comfort of the patient, and remedies were prescribed to prevent inflammation.

At the eighth week she stood up on crutches, and soon became able to walk by their aid. In four months she could walk without crutches, for a square or two, without resting. At the end of ten months the knee is weaker than the other, but she is able to walk a great deal, the limb showing no stiffness whatever, and no limp being visible.

INJURY OF THE ABDOMINAL PARIETIES DURING PREGNANCY.

BY E. W. GARBERICH, M. D., MECHANICSBURG.

Mrs. B., of robust constitution, aged 32 years, mother of three children, and now enciente with the fourth, and within a month's time of parturition.

On Nov. 3, she was at the stable-door, with the youngest child in her arms, looking at a cow and calf in the stall. The cow being loose, had liberty to move around inside, which she did furiously, being enraged at the sight of a dog on the outside, and likewise, as I supposed, from the smell of blood which happened to be on the clothing of her husband, who is a butcher by trade, and who was inside at the other end of the room. The cow made for Mrs. B., the left horn catching a little above the pubic bone, on the left and close to the linea alba, starting through the external oblique muscle, separating it for six inches, lifting the mother off her feet, with the child in her arms, when she fell. When I arrived I found her prostrated, on her bed, and bleeding freely; this, however, was not so much to be feared as the shock to the system, with the threatening labor-pain. The consideration was, what to do in the case?

I could not approve the giving an anæsthetic and applying sutures to unite the parts. I applied adhesive plaster daily, for several weeks together, first using a wash of diluted Arnica and Carbolic acid; administering at the same time Aconite 3 and Arnica 3, internally, under which she was doing very well. But the next difficulty, or seemingly so, was the commencement of labor. I placed a narrow bandage over the wound, to prevent too much strain on the part. She was delivered of a live and healthy child, and after parturition only could I hope for real success, in which I was not disappointed, as the lacerated parts united and the wound healed, enabling the mother to resume her household duties.

GUN SHOT FRACTURE AND PARTIAL EXCISION OF THE INFERIOR MAXILLARY BONE.

BY H. W. FULTON, M. D., PITTSBURG.

On last Christmas I was called to attend Michael S., æt. 18, who received on the same day a severe gun shot wound of the lower jaw, consisting of a compound comminuted fracture of the inferior maxillary bone. It was caused by an accidental discharge from his fowling-piece, on which he fell when he was pursuing his game. The muzzle of the gun was bearing against his left breast and pointing upwards and obliquely to the right, when the entire discharge of shot and powder, with a piece of his coat, entered the soft parts beneath his chin, and forced their way through the body of the right inferior maxillary bone, and lodged behind the ramus and beneath the glenoid cavity, close to the inferior maxillary artery. The body was broken in several pieces and partially torn from the tissues. The ramus was fractured about its middle and its superior portion forced inwards, with its rough, broken end bearing hard against the palatine arches and base of the tongue. A fair estimate of the extent of the laceration of the soft parts may be understood, when we state that the integument and sub-tissues were stripped from the anterior portion of the thyroid cartilage, and all the surface contained in the triangle bounded by the larynx, symphysis menti and angle of the inferior maxillary, including the floor of the mouth on the right of the tongue, were carried away.

I called in consultation my esteemed friend, Dr. J. H. McClelland, to whom I am greatly indebted for the valuable advice and assistance rendered in the operation about to be related.

It was late in the day of the first consultation, and we concluded to postpone the operation until the following morning. I called upon Dr. D. Cowley, who kindly offered

his assistance and administered the chloroform. I made an incision from the edge of the wound, about an inch posterior to the symphysis, to within half an inch of Steno's duct. The facial artery, divided by this incision, was ligated without hemorrhage, having been firmly compressed between the thumb and finger of the assistant. By making traction on the flaps, the superior portion of the ramus, in the position as above described, was exposed to view; the outer surface of which was denuded of its periosteum to within half an inch of the sigmoid notch. The superior half of the internal pterygoid muscle that had escaped injury, and was drawing the bone inwards, was divided, and the bone drawn out to its normal position.

Our first impression was, that it would be necessary to disarticulate at the condyle; but we found, on further examination, that there had been no luxation, and no injury of either condyle or sigmoid notch. We therefore concluded to save both processes, with about an inch of the ramus, for two reasons: first, there would be less deformity; and second, he could better control the movements of his jaw in the act of mastication, in the event of a new bone-formation.

It was impossible to use the saw in the excision of the ramus, without extending the incision across Steno's duct, which we desired to preserve intact. We therefore resorted to the bone nippers, which were applied to the ramus after using hard traction on the flaps; but the combined strength of Dr. McClelland and myself on the nippers was unequal to the hardness of the bone, and it was only when a pair of bone forceps was applied to the free end of the ramus, and a see-saw movement made, that the bone could be parted. When this was accomplished, and the rough edges smoothed off, we dissected out about two inches of the body at the symphysis. The submaxillary gland was removed, it having been more or less injured and its duct destroyed. After the fimbriated edges of the wound were trimmed with the scissors, the flaps were secured in position with three silk sutures internally and

four wire sutures externally. This double stitching was necessary to retain the flaps, on account of the thickness and swelled condition of the cheek. The wound beneath the chin was allowed to close by granulation.

The patient soon recovered from the effects of the anæsthetic, and, in reply to the inquiry if he suffered much pain, answered in the negative by a shake of his head, as he was unable to express himself orally. He was then placed in an easy reclining chair, and perfect quietude enjoined, and was placed in charge of a careful nurse, who could be in constant attendance, and who was instructed to keep his chamber at a temperature of about 60° F.

I directed a wash of Carbolic Acid and Glycerine—one part of the former to eight of the latter—diluted in double its portion of water before using, to be injected into the wound by insinuating the syringe into the mouth and into the wound beneath his chin, repeated every three or four hours, or more frequently should there arise any fetor,—so characteristic of wounds about the mouth.

A bunch of oakum, saturated with the above wash, was placed in the wound, to receive the saliva that was constantly poured out through the cavity, and was removed as often as it became thoroughly saturated with the discharges. The only bandage required was a roller passed under his jaw and secured over his head, to hold the oakum in position. The patient was placed on a low diet, consisting of gruels made in liquid form, and administered through a tin tube inserted into his mouth, and carried well back towards the fauces; but, notwithstanding this precaution, about half of his food would drop through the cavity of the wound. On the third day slight fever, pulse 90. Gave Rhus tox. every 2 hours; healthy pus forming.

Fourth day. Fever subsided, and appetite improving: pulse 84; very little sloughing.

Fifth day. Directed a Calendula wash to be used instead of the Carbolic Acid and Glycerine, as the wound was inodo-

rous, sloughing had ceased and the amount of salivary secretions had become normal.

On the seventh day the floor of the mouth had closed by granulation, and his food could be taken without any inconvenience.

On the eleventh day I discovered a hardening beneath the mucous membrane, in the tract of the incised jaw. A splint, composed of gum shellac and canvas, moulded to a proper shape on the nurse's jaw, was placed in position, for the double purpose of bringing in place the mouth, drawn to one side by the opposing muscles on the opposite side of the face, and for the support of the swollen cheek, which, in its pendant condition, would endanger a malposition of the new jaw.

On the fourteenth day we had positive evidence of the formation of a new jaw, by the cartilaginous condition of the tract of the excised bone, which moved in concert with the left maxillary in the act of mastication.

On the twenty-third day I found my patient well and in his father's store, attending to his customary labors. The contour of his face is almost perfect.

SURGICAL CASES.

BY MALCOLM MACFARLAN, M. D., PHILADELPHIA.

Epithelioma of the Tongue.—Nov. 11th, 1872, I was called to see Mr. David M——, a naturally stout gentleman, 58 years of age, living in the upper part of this city; who gave me the following history. About the middle of last August, a little hard spot, like a shot, made its appearance at the centre of the right side of the tongue; its growth was rapid and slight ulceration was soon noticed. The family physician was called about the 15th of September, cauterized its surface, and gave at once, to be taken thrice a day, large doses of iodide of potassium, using the caustic every other day.

No improvement taking place, but the case getting worse, on consultation with a prominent surgeon, the physician's diagnosis of cancer was confirmed, corrosive sublimate added to the iodide, and the doses increased. To the foul ulcer was applied acid nitrate of mercury, at every application of which the patient suffered indescribable agony, and finally it was abandoned, the patient preferring to die rather than endure the subsequent feeling of suffocation caused by some portions of the acid getting into the air-passages, compelling him to roll about on the floor and act like one dying from croup. Another surgeon was consulted who used carbolic acid and glycerine locally, and prescribed arsenic pills internally. The carbolic acid did no good, and the arsenic was discontinued from fear of it, and he went back to the iodide, which he had been taking for two weeks previous to my visit. I found him confined to bed, very weak, tremulous, saliva pouring out of his mouth, gums spongy and blue, glands of his neck enlarged, suffering great pain of a sharp pricking kind radiating from the sore, movements of the tongue much impaired, and he speaks in a whisper, with great difficulty. The ulceration was not deep, but extended over a large surface of the side of the tongue, having hard, irregular edges, discharging freely, and the substance of the organ indurated and enlarged. He was unable to swallow any solids, and liquids with difficulty, a few drops, at every effort, getting into his larynx, causing violent coughing and preventing swallowing in any quantity.

He had made his will, both himself and family looking for a speedy death. Agreeing as to the diagnosis of cancer, I gave him Nitric acid 5 m, in water, to be taken every half hour. The medicine, or as much as possible, was taken night and day. On the third day marked improvement set in. Salivation had ceased, strangling on swallowing liquids did not occur so often, and he felt generally better. On the 15th November, or in four days, he dressed and ate a hearty supper, swallowing alike liquids and solids with no trouble. In ten days he was driving about alone in his carriage and able to attend to business.

Although some ulceration remains, the man is hopeful, and is now taking the medicine every two hours. This case has created a marked impression among his friends and former physicians. My own impression is that the Nitric acid antidoted the mercurialization and the effects of the iodide from which he was mainly suffering and brought to death's door, and no treatment whatever at the time of my visit would have produced a very favorable change. The ulcer now, although much reduced in size, has all the appearance and concomitants of epithelioma, and at present gives him little inconvenience. Unless mistaken in the diagnosis it will eventually prove fatal. Surgically little can be done for this malady; the patient generally dies in a year or so. It is more common with men than women, usually attacking those past middle life; and in its early stages is difficult to distinguish from syphilis or abuse of mercury. When the disease is advanced, the diagnosis is easy, from the cachexia and glandular sympathy. In operating it is better to remove the whole or part of the tongue by the écraseur than the ligature or knife. For relief of pain the gustatory nerve has been divided by a superficial incision just behind the ramus of the jaw at its inferior portion.

Varicocele—Cure by an improved method. January 3d 1873, Franklin S——, aged 23, of Camden, N. J., presented himself, with the following history. Since early youth or puberty he has noticed that his left testicle was much larger and longer than the right, its upper surface thickened, and has been gradually increasing in size up to the present time. The scrotum feels as if it contained a bundle of slippery worms, and is always covered with a peculiar odorous moisture. He complains of a dragging dull pain with weight running along the cord to the small of the back. His mind is anxious and gloomy, and he fears he will become impotent.

Agreeing to an operation before the class, I directed him to stand up, and carefully separating the vas deferens, holding

it well to the inside and gathering the veins to the outside, I pushed a needle with a double ligature between them and brought it out through the scrotum behind. Allowing the ligature to slack within the scrotum, I re-entered it where it emerged, and passed the needle to the *outside* of the veins, completely encircling them, and brought it out at point of entrance. I had then a subcutaneous loop around the bundle of veins, which I tied tightly, leaving both ends out, but letting the knot slip into the scrotum, which I had enveloped in a warm poultice, and gave Belladonna, because of the tendency of the testicle to inflammation.

I kept the man at the hospital till next morning, when he took the cars for home, not being confined to bed for an hour. He was simply kept quiet at home. On the fifth day I cut away the ligature, and in ten days he was shown to the class perfectly cured of his large varicocele. As this was the first case I had operated on by this method I was surprised at its good result. It presents new points in subcutaneous ligation, doing away with the button, transfixion needle, or double ligature, lessening thereby the inflammation and danger. Little pain is experienced. Confinement to bed may not be necessary, and recovery is rapid.

Catgut makes the best ligature. The loop around the veins need not be cut, as it is subsequently dissolved and absorbed. Varicocele occurs almost exclusively on the left side, many surgeons in lifelong practice never having seen it on the right. The reasons given, although considered by some unsatisfactory, are, that the left spermatic vein is longer than the right, and is unprovided with a valve where it enters the renal at right angles, the right having a valve, and entering the vena cava obliquely to the current of blood. The disease is often seen in members of the same family, showing a constitutional tendency. It is seen in boys at puberty.

There are at present two general methods of operating: one, by incising the scrotum opposite the cord, by a vertical

cut, tying the veins above and below, and division of the septum. The other is, subcutaneous ligation by various met. ods; in some cases using two ligatures, one with its loop thrown over a needle, passed within the veins and secured.

The first plan has caused death by phlebitis, erysipelas, and gangrene, while subcutaneous ligation is comparatively safe. The diagnosis of this affection is not difficult. The characteristic feeling of worms serves to distinguish it from the elasticity of hydrocele, the solidity or firmness of sarcocele, and the doughy touch of hernia. If omentum is present, it is reduced while the patient is on his back, and on standing, while the surgeon is pressing over the ring, there is no return of the swelling, which would not be the case with varicocele.

Neuroma of the Stump.—December 24th, 1872, Dr. J. Wesley Allen, of Altoona, Pa., sent me Henry L. Boyles, aged 50, who had suffered four years ago amputation of the left arm at its middle third, for a fearful laceration received while inspecting cars at that place. The amputation was done in a proper manner, but for some unknown reason he had osteo-myelitis as a primary affection of the bone. Recovering, and as the soft parts had healed, he felt little or no inconvenience for many months, but eventually the tissues covering the stump became so sensitive that slight pressure was painful.

When I saw him, he was unable to attend to business because of the pain, which was aggravated by changes of temperature or weather, but brought on and accompanied by the most annoying of all his troubles, the involuntary jerking backwards and forwards of the stump. At one effort it would be thrown backward against the scapula, at another forward on the chest. Spasm of the stump is frequently noticed within a few days after an amputation, but violent muscular contraction like this is rare. The patient's health had greatly suffered, and his troubles were gradually increas-

ing; he became thin and exhausted. I re-amputated at the shoulder, leaving two inches of the humerus, and sawing through sound bone. On dissection of the part removed, the cause of the neuralgia was found in the large bulbs or neuroma at the extremities of the nerves. The bone was affected with caries, and hollowed out, soft, could be crushed or broken down with the finger. No evidence of marrow or endosteum, but in its place a soft reddish substance. The stump did not twitch once or become painful after the operation, which was high enough up to remove the nervous tumors. He took the cars for Altoona in ten days.

Multilocular Ovarian Tumor.—December 5th, 1872, I successfully removed a tumor of this character from Mrs. M——, No. —— South Second St., a patient of Dr. C. W. Gessler, by the long abdominal incision. The tumor contained a countless number of sacs having fluids of various consistence and colors, some like boiled starch, others like coffee, blood, thick molasses, or thin serum, made by degenerated Graafian follicles and ovarian stroma. The walls were thick and firmly attached to the surrounding structures and viscera, from which they had to be peeled. I used Wells's clamp to secure the pedicle, and employed a number of internal sutures to secure vessels as well, allowing them to remain and be absorbed, and cutting away a considerable portion of adherent omentum.

I removed twenty-three quarts of fluids, and eight pounds of solid matter. The clamp was removed on the eighth day, and the woman was about in three weeks. She is now perfectly well, and is doing her housework. She is getting quite fat.

DENUDATION OF THE CRANIUM.

BY G. T. CHARLTON, M. D., HARRISBURG.

An English woman, aged 62, on the first day of January, 1872, while passing an inside cellar door, carrying in her

arms a large earthen vessel, slipped and fell a distance of ten feet, striking her head upon a fragment of the broken ware, and dislocating her right arm at the shoulder. The result of the stroke upon her head was a lacerated wound extending from the external angle of the right eye upward and inward to the median line and along the same to the back of the neck. When called in a short time after, I found her greatly exhausted by the shock and hemorrhage, the whole of the right scalp lying on the shoulder. I directed cold water to be applied, while I reduced the dislocation. The scalp was then carefully washed, replaced and united by three sutures. The head was then dressed by applying a carefully graduated bandage, extending from the ears to the top of the head. For a few days the patient progressed favorably. On the fourth day diffusive erysipelas set in, involving the eye, which was successfully controlled by Acon.^{30}, Bellad.^{30} and Silic.^{200} with the application of dilute Arnica, and careful pressure every day of the accumulated pus upward to the longitudinal opening. The erysipelas gradually diminished, and in two weeks she was able to sit up. The final recovery was slow but good, not the least deformity resulting. The points to be observed here are the age of the patient, the necessity of removing every particle of hair before closing the wound, and the keeping the scalp in careful apposition with the cranium.

CASTRATION

BY H. S. HOFMANN, M. D. AND C. P. SEIP, M. D., PITTSBURG.

G. A——, æt. 33. Six years ago contracted syphilis, just previous to crossing the plains to California. He remained for several weeks at St. Louis, under medical treatment. In six weeks the chancre had healed, and nothing more was thought of the disease till two years ago.

Before proceeding any further with this subject we will

give the history of the patient, which may be interesting to many of the profession. About a year after he had contracted syphilis, he was troubled with constipation, going without a stool for a whole week. When speaking on one subject, he would involuntarily turn off upon something else. This troubled him very much, from the fact that it occurred so frequently, and it was with difficuly he could make himself understood.

These symptoms continued for six weeks, when he concluded to return home. The first city to which he came was Cheyenne. Here, in a dispute with his employer, in regard to some money matters, he fell, becoming unconscious. This was at 9 A. M. He remained unconscious until 6 P. M. Consciousness returned, but not speech. A few days after he arrived at Omaha, still speechless. Here he met some friends, but could not converse with them, not even by writing. He knew what he wanted to write, but he could not form the letters. His greatest difficulty was with the letter "P." At this time his appetite was voracious, being constantly hungry. While changing cars at Chicago, he first experienced a sensasion as if a tumor, about the size of his head, were moving about in his chest. This he felt for a few days only. He arrived at home early in May, and from that time was confined to his bed for four months. What his symptoms were during these four months, we could not learn. All he knows is, that he was unconscious for some time. It was almost a year from the time he lost his speech until it returned.

In May, 1870, he first noticed that the left testicle was larger than the right. It gradually increased in size until it attained double the normal dimensions. No pain was felt until one morning, after a night's hard work, he found that the integument was not intact. The opening was nearly round, about one-half an inch in diameter. The pus was sanious and very fetid, and a small greyish-white tumor protruded through the opening. It was in this stage of the disease that he first came under our care.

We found the scrotum on the left side very much enlarged, integument thickened and indurated; an ulcerated surface about two inches in length and 1½ in width. Discharge thin, watery and profuse; sometimes the pus was thick and more healthy looking, but at all times very fetid. For one year we treated the case, without deriving any apparent benefit, with the following remedies: Merc. sol., Merc. corr., Nitric acid, Kali jod., Hydrast. and Aurum. Phytolacca dec. externally applied, seemed to check the disease for about two months. The disease was now making rapid progress, the tumor increased in size, the ulcerated surface was larger, and everything indicated that an early removal of the affected part was necessary.

May 10th, 1871.—After a consultation with the members of the Homœopathic Hospital Surgical Staff, we concluded to remove the testicle. On the following day the operation was performed. All of the affected tissue was removed, and the wound closed with silvered sutures. In two weeks the patient left the hospital apparently well.

Four months after the above operation the patient returned with Ozœna. We treated him for about three weeks when he left us and employed an allopathic physician, but no improvement following the latter treatment soon enough, he came back to us. By this time the septum was destroyed, parts of the nasal bones and three of the turbinated bones had come away. Under Phyt. ^{3}, and at last Aurum.^{30}, the discharge became less, and in three months the nose was to all appearances well.

From this time until November, 1872, the patient continued to work, and had tolerably fair health. About that time the other side of the scrotum became affected in a manner similar to the left side. The destruction was much more rapid. Nothing that we could apply seemed to stay or check its ravages in the least. The right testicle was much larger than the one which had been removed. Finding all our endeavors to save it to be in vain, we decided to remove the diseased organ.

On December 6th, 1872, the operation of castration was again performed. The testicle and the cord were cut away as far as was safe to go. As much of the integument as could be spared was also removed. The wound was closed with four silver-wire sutures. Part of it healed by first intention. That portion of the wound nearest to the cord discharged a great deal of pus for nearly a week. Within three weeks the whole wound had healed with the exception of a small portion, about one-half an inch in diameter, around the spermatic cord, from which the ligature has not yet been removed. For one week previous to the last operation, the patient was put upon Ars. iod., 3d trit., three times a day. This remedy he continued to take up to the present time. The removal of the testicles has not in the least modified or weakened his sexual desire. The erections are strong and vigorous, and are of as frequent occurrence as previous to the operation. In fact, he says, to use his own expression, "I never enjoyed sexual intercourse better in my life." There is an emission, but of what it consists we are unable to state, as we have not received any for microscopic examination.

The above quoted statement was made in the presence of several physicians, and corroborated by his wife.

EPISTAXIS.

BY M. M. WALKER, M. D., GERMANTOWN.

In the autumn of 1869, I attended a colored woman, about sixty years of age, with the above complaint. In six hours she had bled and expectorated a quart. I gave her Acon. Bell., China, Crocus, and Lachesis, in the 200th potency, allowing an hour for each, and selecting what I considered the best indicated remedy. The bleeding lessened at times, then came on again.

After using the remedies eight hours, the last of which was Thlaspi bursæ pastoris, tincture, I dissolved some alum in

water, and injected that, when the bleeding soon discontinued. In seven hours it again returned, continuing six hours without my knowledge.

The patient becoming very weak, they called me, when I thought it necessary to use mechanical means to stop the flow, she having lost about two quarts of blood and mucus during the last forty-eight hours. Procuring one of Belocq's Canulas (for illustration of use of which see Gross's Surgery, vol. ii., page 366; or Erichsen's Surgery, page 683,) I plugged up the posterior nares, then the anterior, which effectually stopped the hemorrhage. I allowed the plugs, which were of cotton, to remain eighteen hours, since which time (two and a half years), there has been little or no return of nose-bleed.

In using Belocq's Canula, I should have left one end of the string in the nostril, the other hanging from the mouth; then I could have tightened the plug or withdrawn it at pleasure. I had both ends in the nostril, and experinced some trouble in getting the posterior plug away, owing to the swelling it induced. I eventually succeeded by introducing two fingers into the posterior nares, and thus withdrawing it.

Bureau of Obstetrics and Diseases of Women and Children.

POST PARTUM SECONDARY HEMORRHAGE.

BY J. H. MARSDEN, A. M., M. D., YORK SPRINGS.

It has long been a matter of surprise to me that obstetrical writers have devoted so little space to the subject indicated by the above designation. Its importance certainly merits more attention than has thus far been accorded to it. Of all the writers to whose works I have had access, Dr. Barnes, in his "Obstetric Operations," does it most justice, and here as every where is very instructive. It is not that I have any hope of supplying the deficiency above referred to that I present this paper on the present occasion, nor can I even flatter myself that I shall be able to offer any thing new or unknown to those who favor me with their attention. My object is mainly to present the subject for discussion and thus to elicit the experience of others who may have had opportunities beyond my own.

Under the head of "Secondary Puerperal Hemorrhage," Dr. Barnes treats of several forms which have not their origin within the uterine cavity, as, for instance, those arising from laceration or abrasion of the cervix, laceration of the vagina or perineum, etc. It is our present design, however, to speak only of hemorrhage having its source in the internal surface of the womb, and such as occurs not earlier after delivery than the second or third day, and may take place at a much later period.

This form of hemorrhage is peculiarly dangerous from attendant circumstances and from the pathological condition upon which it often depends. When hemorrhage occurs shortly after birth, some symptoms usually herald its approach.

"Coming events cast their shadows before;" and the prudent accoucheur remains with his patient provided with the best means at his disposal to ward off approaching danger. Not so, however, when secondary hemorrhage takes place. Its occurrence is perhaps not anticipated; the patient is alone with the nurse or members of her family, it may be unsuspectingly enjoying quiet sleep, so necessary to her restoration, when waking suddenly she finds herself immersed in a pool of her own blood. The doctor is hastily sent for, but lives miles away, and is, perhaps, even not at home when the messenger arrives. Before any thing is effectually done, the patient has become exanguinous and pulseless, and if of a feeble constitution, may have sunk below the rallying point.

Another source of peculiar danger is found in the liability of the blood clots resulting from the hemorrhage to become putrid within the womb, and thus give rise to septicæmia, often in its worst form. It has seemed to me that the womb has less power to expel foreign bodies after the secondary hemorrhage than after that which may occur shortly subsequent to delivery. The bloodvessels too, being so thoroughly depleted of their normal contents, the more readily absorb any fluid within their reach, be it noxious or otherwise.

There are also morbid conditions sometimes coexistent with this form of hemorrhage, which may indeed have contributed to its occurrence and which at least add to its danger. There may, for instance, have been pre-existing circumscribed inflammation of the internal surface of the womb. It may have constituted a factor in the production of hemorrhage; but, be this as it may, when this has taken place, it very considerably augments the danger of its results. The patient then not

only suffers exhaustion from loss of blood, but from the depressing, consuming effects of local inflammation. The citadel of life is assaulted at different points, and in consequence is too often doomed to fall.

If, moreover, it be true, as some have supposed, that secondary hemorrhage sometimes has its origin in a peculiar dyscrasia of the blood itself, in consequence of which it is thinned in its consistence or its coagulability diminished, or both, for they are likely to be associated, it is manifest that the arrest of the flow by Nature's usual method would be more difficult, and the consequent danger of the result increased. The impaired state of health, too, necessarily concomitant with such a dyscrasia of the blood, would render the patient far less likely to rally from extreme exhaustion from profuse hemorrhage.

Fortunately cases of secondary post partum hemorrhage are comparatively rare, for it mostly depends upon causes which the careful practitioner may avoid. We will at present undertake to enumerate but a few of the more prominent of these, and subsequently endeavor to indicate, as far as we can, both prophylaxis and remedy.

Among the most fruitful sources of this form of hemorrhage may be mentioned portions of the placenta or even membranes left behind within the womb. If these portions be detached and escape the hand of the operator so as to be retained, they are perhaps less likely to produce this disastrous result than if left undetached. In the former case they merely act as a foreign body, and as such produce irritation upon the internal surface of the womb, and, consequently, invite an unwonted afflux of blood to the part, and thus encourage hemorrhage. But in the latter they furnish an outlet by which the vessels of the womb pour out their contents into the cavity of that organ. Besides, if any considerable portion of the placenta remain, by its bulk it prevents the uniform contraction or involution of the womb, and consequently the perfect closure

of the mouths of the maternal vessels, so essential to safety from hemorrhage. Where the after-birth is firmly adherent, there is perhaps no more trying practical question to decide than to determine precisely how far we should go in our efforts to remove it. There is danger on either hand. If we avoid Scylla we are likely to fall into Charybdis. If we leave any portion behind we run the almost certain risk of hemorrhage; and, on the other hand, if we carry our efforts too far, we endanger the integrity of the uterine surface and consequenty hazard fatal inflammation. For our own part we generally prefer to take the former risk. Cases are related by Dr. Ramsbotham where, upon making a section of the uterine wall through the adherent placenta, it was impossible to determine where the one ended and the other began, and Dr. Barnes adds his testimony to the same effect. It is evident that in such cases a complete separation is out of the question. But suppose we are obliged to leave and know we have left a portion of undetached and undetachable placenta behind, what can we do to guard against hemorrhage, or can we effectively do any thing? In such a case, especially if immediate hemorrhage followed, I believe I would not hesitate to inject into the womb a weak solution of perchloride of iron—persulphate some might prefer. When I have used this article I have prepared it by gradually adding the drug little by little to the requisite quantity of water, still applying a few drops to the tongue upon each addition, until the solution had acquired a decided but not very strong styptic taste. I have by no means used it in the strength directed by Dr. Barnes, for I think this unnecessary and not devoid of danger; whereas in strength just sufficient to coagulate the blood all useful purposes are accomplished, and, I think, danger avoided. By forming a coagulum within the bleeding orifices I would hope for a permanent closure, at least until disintegration might detach the retained portion of placenta, or the process of absorption finally obliterate the bleeding vessels.

I know some will widely differ from me in opinion, and if so, none will more sincerely rejoice than myself to hear pointed out a better way.

Another cause of secondary post partum hemorrhage we would notice, is the retention of blood clots within the uterine cavity. From various causes it sometimes happens that the uterus does not firmly contract after delivery, and blood still oozing from the patulous mouths of the vessels, forms a coagulum which the deficient powers of that organ are unable to expel. This coagulum may increase in size by continued accretions, and thus in turn prevent the further contraction of the womb and the firm closure of the mouths of its vessels, and in the meanwhile, acting as a foreign body, produce irritation. This will cause an increased flow of blood to the womb while under its distending force, the imperfect closure of the vessels may give way and more or less alarming hemorrhage ensue. To forestall and prevent the accident from this source we should of course, by a resort to the means pointed out in our obstetrical works, where such is necessary, secure perfect contraction of the womb before leaving the patient after delivery, and from time to time see that such contraction is maintained. When clots are known or suspected to exist within the womb, obstetrical writers instruct us to introduce the hand and turn them out. While it is now well known that the introduction of the hand into the interior of the womb is not fraught with such fearful consequences as it was once supposed to be, it is, nevertheless, best not to make a plaything of that organ. Where deficient powers of contraction may be the cause of the accumulation of coagula, Pulsatilla and Secale may be very useful if administered according to their indications.

Mental emotions sometimes give rise to secondary hemorrhage. This is brought about indirectly through their influence upon the heart. We may suppose in such cases that the mouths of the maternal vessels are not yet fairly closed,

and when the heart, from fright or other emotion, is excited to unwonted action, the increased impetus given to the blood causes it to break through the imperfect barriers at the mouths of the uterine vessels opposing its exit. Common sense prescribes as the best prophylaxis against accidents from this cause that the patient, especially if of a nervous temperament, should be scrupulously secluded from all sources of emotional excitement. Derangement of the innervation which controls the contractile powers of the womb, giving rise to irregular unsymmetrical contraction of that organ after delivery, constitutes another source of secondary hemorrhage. The womb, when this power is intact, usually assumes a globular form—on the other hand, when impaired in the manner referred to, the form assumed may be cylindical or otherwise abnormal. Such contraction, but an imperfect safeguard against hemorrhage, even at the first, is apt to relax in a few days and may be followed by profuse flooding.

Another derangement of innervation or nervous function giving rise to secondary hemorrhage may yet be mentioned. It is that in consequence of which an equilibrium of the circulation is no longer maintained. There is undue afflux of blood, first to one organ or part, then to another. The womb is liable in turn to become the seat of this afflux, and the consequence sometimes is profuse and even fatal hemorrhage.

I have thus enumerated some of the principal causes of that form of hemorrhage which now engages our attention; allow me, before closing, to detail several cases in illustrating what I have already advanced.. Fortunately, I have met with few such, and yet the remembrance of them brings over me a feeling of inexpressible sadness. I give them rather in the chronological order of their occurrence than in that of the causes as I have enumerated them.

Case 1st.—A young woman of low stature—first child. She was in labor for at least three days, owing, at first, to deficiency of uterine contractions, and then, in the second

stage, to the large size of the child. She was delivered without instrumental interference, and made a reasonably good recovery up to the tenth day, when she began to sit up out of bed. Her mother then, unfortunately, gave her some rice-pudding at her dinner, pre ared with milk—an article which had always disagreed with her. This imprudence brought on violent cholera morbus, and the irritation extended to the womb—already susceptible from its contused condition, in consequence of an unusually protracted labor. The vomiting and diarrhœa yielded to treatment, but, in two or three days, her face at one time would become congested and almost of a purple color; then the lungs would be so oppressed as to cause extreme dyspnœa, while the face would become pale. Finally the afflux of blood was determined to the womb, followed by a hemorrhage, which at once brought her to death's door. This occurred in the night. I was not present, but an experienced physician and his son, who had been called in to my aid, were with her. She expired the following evening.

Case 2d.—This patient was already the mother of several children, and at the time referred to had a somewhat tedious but not abnormal labor. She was making a good recovery; but, while yet confined to bed, and the nurse out of the room, one of her youngest children got hold of a match box, and commenced scraping the matches upon the wall. She was greatly alarmed, and unable to leave her bed, or to make the nurse hear her call. The excitement was followed by very copious hemorrhage, which, however, subsided under immediate treatment, without any disastrous result. This occurred many years ago, and the same lady is now under my care, suffering from organic affection of the heart.

Case 3d.—A young woman—second confinement. She was attended by a midwife, and who was unable to remove the after-birth. There had been retention for a day or two, as I understood, in her first confinement, but it was afterward extruded. Her child was born about 8 o'clock, P.M. Next

morning a young physician was called in, who, after making some ineffectual attempts, declared that it would be necessary to administer chloroform, which he was not competent to do, and advised that I should be sent for. When called upon, I was already engaged in an obstetrical case, and could not see this patient till the evening. After putting her under the influence of chloroform, and introducing the hand, I found the womb so firmly contracted over the placenta, that the fingers had but the most limited play for exploration; the placenta seemed to be most firmly adherent throughout its whole extent, except the lower margin. It seemed, moreover, to be abnormal in its structure. Instead of the brittle parenchymatous feel that is common, it conveyed to the sense of touch the idea of wet leather, or, perhaps, rather the muscular part of beef. The young physician having left before I arrived, there was no one to whom I could entrust the chloroform, and I determined therefore, to leave the case for the present, believing, as I did, that the adhesion was very intimate, and, in a day or two, when perhaps disintegration had partially taken place, I would fully dilate the os by means of caoutchouc bags, introduce the hand, and, if possible, remove the whole mass. In the meanwhile I gave the patient bi-sulphite of soda, to prevent, if possible, septicæmia, syringing the vagina and the womb, so far as could be done, with a very weak solution of parmanganate of potassa. Some one will, perhaps, say that was not homœopathy. I know it was not, but I could not see how homœopathy was applicable to the case before me. If it was, I will be most happy to be instructed how. Nor do I say this in disparagement of homœopathy. On the contrary, I think nothing the less of it because I connot see how it may be applied instead of the knife and saw to the amputation of a limb, to determine the genus and species of an unknown plant, or to demonstrate, by a shorter method, the fifth proposition of the first book of Euclid. To force it into such service would surely be "homœopathy misapplied," and that—we would think—beyond controversy.

Unfortunately, the most violent hemorrhage occurred in this case, during my absence, and before I had opportunity to execute my purposes. I was several miles distant, and a nearer physician was called in, who made some unsuccessful efforts to remove the placenta. The portions he removed were still free from putridity, and as tough and very much of the same texture as the muscle of beef. The patient was still flooding when I arrived, and was speechless and almost pulseless. I injected a weak solution of perchloride of iron, upon which the hemorrhage immediately ceased. By the next day her pulse had rallied, but shortly afterwards unmistakable symptoms of septicæmia set in, of which she shortly died. Homœopathic remedies were administered in this last condition, Arsenicum album and possibly some others now forgotten, but without avail.

One other case, which I shall not now relate, makes up the sum, I believe, of violent secondary post partum hemorrhages I have had the misfortune to see.

We have before observed that the physician, especially in the country, is seldom present during the most violent stage of the hemorrhage of which we speak. Should he be, and the same accompanying symptoms present themselves as in the hemorrhage occurring just after birth, the remedies indicated in the one case would be also proper in the other. But in the majority of cases we should simply witness the violent gush of blood and the rapid sinking of the vital powers, demanding the immediate arrest of the flow if we would save the life of our patient, or prevent her sinking into that depth of prostration from which too often there is no return. Here the various expedients for producing contraction of the womb, if that be found relaxed, as is mostly the case, immediately suggest themselves, and most of them need not interfere with the most skilful medication simultaneously carried on. It is an excellent plan for country practitioners to instruct some women in the neighborhood how to use the more simple of

these expedients, such as kneading or firm compression of the womb, or even the application of the tampon. By so doing, I verily believe lives would often be saved which are now lost for want of such knowledge.

We not unfrequently meet with, especially after abortion, a long-continued bloody discharge, taking the place of the normal lochia. This, perhaps, scarcely merits the name of hemorrhage, yet it is virtually such. I have found Nux moschata, 1st dec., the best remedy for this trouble. Gentle exercise also—at least according to the testimony of women themselves—often contributes to its cessation.

Bureau of Organization, Registration and Statistics.

THE HOMŒOPATHIC PHYSICIANS AND INSTITUTIONS OF PENNSYLVANIA.

BY PEMBERTON DUDLEY, M. D., OF PHILADELPHIA.

In continuance of the work of preparing a complete list of the homœopathic physicians of our State, which I commenced more than a year ago, I have been enabled to accomplish much without entailing expense on the society, by reason of my position as Corresponding Secretary. I have now succeeded, I believe, in preparing a list, as accurate as can be made, embracing the homœopathic societies, public institutions and physicians of Pennsylvania.

I am glad to be able to report that arrangements have been entered into with the Homœopathic Mutual Life Insurance Company of New York, by which this list will be issued in pamphlet form, and a copy mailed to every homœopathic physician whose name is contained in it. This will bring the work and influence of the Society, in some measure, at least, to the doors of many who are not members with us, and may result in some increase in our numerical strength.

The "List" will contain the names and address of about four hundred and twenty-five physicians in homœopathic practice, with the date and place of their graduation, so far as they could be ascertained. Last year we reported nineteen counties in which we could discover no member of our school in practice. This year the number is reduced to

fifteen; Clearfield, Huntingdon, Indiana and Wyoming being stricken from the list. Satisfactory as this report may seem, it does not indicate a progress so rapid as a system like ours ought to be making in the State. In fact it is doubtful if our present rate of increase is greater in proportion than the increase of population. Of some districts this of course cannot be said, but in others the people are demanding homœopathic medical men, and we are not able to furnish them. Besides the fifteen entire counties alluded to, embracing an aggregate population of about 300,000, there are urgent calls from such places as Ashland, Port Carbon, Mahanoy City, Berwick, Catawissa, Lebanon, Gettsyburg, Ebensburg, Bedford, and a number of others.

The practical questions for us are, "How long must these calls remain unanswered?" and "How shall we undertake to meet them?"

One method which has suggested itself is, for each member of this Society to endeavor to secure at least one good student during the present year. Our efforts should be directed towards the addition of young men to our ranks, rather than the difficult task of converting old ones from the error of their fixed allopathic ways and prejudices.

Bureau of Miscellaneous Subjects.

DISINFECTION.

BY J. F. COOPER, M. D., ALLEGHENY.

When carefully considered, disinfection is a most important subject, and one that embraces points of scientific interest yet undeveloped, which, if properly settled by investigation, will give it a more prominent position among subjects developed by scientific research. In prosecuting its study and in making its application, the laws of chemistry and the principles of physiology, pathology and therapeutics are found to combine and blend in harmony.

The chemical relations of the elements of bodies are constantly changing; and by this constant change pathological conditions are produced. And by the proper application of therapeutic means a physiological condition is restored.

In all the kingdoms of nature, and more particularly in the animal and vegetable, there is a proneness to decay that is well calculated to excite inquiry and cause investigation.

When the vitalizing influence is withdrawn and depolarization of the molecules of a body is produced, its ultimate decomposition is more or less rapid in proportion to the activity of the molecules of which it is composed. Where no molecular activity is seen in a devitalized body, no decay is observable. Temperature holds a controlling influence in this tendency in the elements of the body to change. A temperature of less than fifty degrees Fahrenheit tends to check molecular activity and prevent decay; while on the other

hand, in a temperature ranging between fifty and one hundred and forty degrees Fahrenheit, molecular motion is greatest, and consequently decay and the evolving of noxious gases most rapid.

When a temperature of more than one hundred and forty degrees Fahrenheit is applied to animal substances, they are disposed to solidify, thereby preventing molecular motion and interposing a barrier to decay.

By studying carefully the chemical relation of substances known to combine readily with the elements that are usually found in the localities where decaying animal and vegetable matter abound, noxious and offensive odors may be removed. And by a proper application of the principles here involved, the atmosphere of the rooms of the sick who are passing through the stages of malignant disease may be purified, the danger threatening life lessened, and remedial means made more effective.

Whether disinfection can be practiced on so large a scale as to completely neutralize the disease-producing power that spreads broadcast over large districts of country the most deadly forms of disease, completely cutting off their spread and development, remains to be verified by experiments more successful than those of the past. The laws, principles or usages adopted more by common consent than in accordance with the laws of science, need elaborating and require to be established by further scientific research, so that the practitioner may have a sure and unerring guide in the selection of an agent adapted to each and every form of epidemic disease.

Though disinfection has been chosen as the subject for this paper, yet considering it in all bearings it can scarcely be properly and effectively discussed without combining with it in the thesis the principles governing the use of prophylactics. The results of a successful disinfection are evidently prophylactic.

By a successful disinfection is not meant simply the removal of an offensive odor, but the breaking up of those gaseous

combinations that are evidently in epidemics the disease-bearing medium.

It is almost impossible to satisfactorily account for the spread or dissemination of epidemic disease in any other way than upon the theory of its propagation by means of the gaseous exhalations from the sick.

They are, most undoubtedly, the medium by which disease is conveyed from place to place, and enabled to reproduce its own specific form. Some forms of disease, it is true, can be propagated or reproduced by contact alone. But by far the greater number of diseases, and those too usually the most dangerous and destructive to life, are for the most part conveyed in this way into the systems of those who are for the time being impressible to a prevailing type of disease. The genius or spirit of a disease may not be a gas, but the gases, or some of them at least, are evidently the means by which disease is disseminated and enabled to propagate its kind.

A rapid change, producing a separation or recombination of the gases and the elements with which they combine in infected places, would, if the disinfectant used possessed prophylactic powers, be most likely to destroy the power to propagate the type or form of disease prevailing. It is found at times that every effort at disinfection has failed in the breaking up or staying of an epidemic, and that it will run its course regardless of the efforts put forth for its suppression, either exhausting itself from want of impressible material, or by being cut short by some powerful atmospheric change. In contemplating such a condition of things, it is evident that a more extended knowledge of the influences developing disease is required by the profession, and that these influences demand a more thorough and scientific investigation.

Heretofore almost the entire study of professional men has been directed to the cure, and but little time or attention has been given to the prevention of disease. The time has come in which the profession should change its treatment of cases; and especially since the microscope, the spectroscope, and the

developments of chemical science, in connection with the discovery and application of the law *similia similibus curantur*, has made it possible for the profession to labor understandingly and effectively in this as well as in other departments of medicine.

When disinfectants are selected with due reference to the cause, character and prevailing type of disease, their use is certainly more likely to be followed by beneficial results. Among homœopathists the selection of disinfectants should be made, as far as possible, in accordance with the law *similia similibus curantur*. No disinfectant should be used or allowed in the rooms of patients under homœopathic treatment, the pathogenesis of which has no relation to or is not as nearly as possible *similar* to, the symptoms of the patient or patients under treatment. Too frequently we find the rooms occupied by patients thoroughly impregnated by odors which, from not having any special relation to their cases must necessarily at times be very prejudicial and very likely to cause embarrassment and prevent recovery.

In recommending an observance of the law of *similars* in deciding upon or making a selection of a disinfectant, we do not wish to be understood as in any way ignoring the laws of chemistry, or as objecting to any other strictly scientific means that can be made available. The laws of chemistry are too often disregarded in this important matter, and selections are frequently made without reference to any scientific rule; and such a thing as relation between the thing used as a disinfectant and the disease is not thought of. We are positive that no drug can be a prophylactic that is not truly homœopathic to the symptoms characterizing the type of disease for which it is used.

In order to be able to use the drugs recommended for disinfection successfully, and at the same time make them effectual as prophylactics, a thorough proving upon the healthy would necessarily be required to enable the practitioner to select or recommend with certainty that which would be suc-

cessful in each specific form of disease. Many of the drugs that have been recommended and from time to time been popular as agents for disinfection, have been proven and constitute a part of our Materia Medica. But the provings have not been sufficiently exhaustive. But few if any of our medicines have been proven in which chemical and microscopic examinations and tests have been made use of during the proving. Such examinations properly made, and the results noted in the provings, would doubtless be all important, assisting the practitioner out of many a dilemma, from which from poring over our present Materia Medica, he could see no chance of escape. It may not have struck the minds of the provers of our Materia Medica, that the use of the microscope or chemical analysis in the proving whenever and wherever practicable, would add any thing to the certainty and efficacy of the medicines of which it is composed. But most undoubtedly these powerful auxiliaries of science are capable, if properly used, of adding strength and certainty to our provings, as well as to the use of disinfectants.

Disinfection and deodorization are really very different subjects. What at times effects deodorization may at times result in disinfection, but it does not necessarily follow that the one must be a result of the other. God in nature has provided abundantly for both; bnt the effecting of deodorization in the apartments of the sick is so frequently followed by the continuance and spread of disease and death, apparently unaffected by deodorization, that reason, deciding by cause and effect, is led to the conclusion that it is not sufficient, and that disinfection is as necessary for the safety of the patient and attendants as deodorization is for their comfort.

Oxygen, in every place that is reachable by atmospheric air, and the porous earths, are the most powerful, abundant and effectual of deodorizers, but they do not at all times and under all circumstances effectually destroy all germs of disease. Contagion may be buried for years in some kinds of

soil, and again become active on turning up the earth. The pioneer or the traveller over our western prairies may night after night spread his blankets and rest upon the sward, in comparative safety from the disease-producing influence that lays locked in the soil beneath him; but it is a fact, that when large tracts of land in certain districts are broken up by the plough, various forms of fever spring up and prevail to an alarming extent. Other forms of epidemic disease also spring up under such circumstances that cannot be traced to any other specific cause. In towns and cities that grow rapidly, where many cellars are dug and extensive excavations are made within a short period of time, the same thing is observed.

Deodorization may lock up and hold back a contagion, but to break up its propagating power disinfectants are necessary, and these can only be made effectual by a proper observance and application of the law of *similars*.

TOBACCO.

BY J. B. WOOD, M. D., WEST CHESTER.

Hahnemann, in his "Lesser Writings," says, "the specific properties of tobacco consist, among other things, in diminishing the external senses and obscuring the intellect."

Even in a very small dose it excites the muscular action of the *primæ viæ* violently, but diminishes their sensibility. In larger doses it deprives of their irritability the muscles of voluntary motion, and temporarily removes from them the influence of cerebral power; but this very property makes its constant employment in large quantities (as by tobacco chewers and snuff takers) so injurious to the tranquil state of the muscles belonging to the animal functions, that a tendency to epilepsy, hypochondriasis and hysteria are, in the course of time, developed.

From the testimony here adduced by the most profound reasoner of his own or indeed of any other age, one may reasonably suppose that none of his followers would indulge in a practice indicating an opposite theory.

Years have elapsed since I became convinced of the enormity, not to say crime of tobacco smoking and chewing, but I have been silently awaiting the action of some abler pen than mine, in order that the public, and especially the members of our noble profession, may the better consider its moral and physical effects and tendencies.

On looking around me, I am appalled by the fact that but few homœopathic physicians are not themselves victims to a deplorable extent of the vice of smoking or chewing (or perhaps both) the article in question.

Medical men have in times past written articles proving conclusively its deleterious effects upon the human system; all medical men know it, and yet many, without remorse of conscience and in violation of the laws of health, continue its use.

An eminent physician of forty years' experience has carefully noted down, during that entire period, its effects upon the system in health and disease, and solemnly avres, as the result of his observations that, when sickness overtakes a person addicted to the habit of smoking or chewing tobacco, his case is less amenable to treatment, the complaint is more protracted, and the probability of cure correspondingly diminished.

This accords so entirely with my own views and experience during a period of twenty years, that I readily adopt them as my own. To the credit of our profession be it said, we have had some able advocates of total abstinence from the use of tobacco in our ranks, among whom may be mentioned the late lamented Walter Williamson, M. D. (and I never speak his name but with reverence), who frequently took occasion to expostulate with his class on so vile a practice, denominating it "*a nasty, dirty, filthy habit, and a twin sister of that other*

enormity, dram drinking, the one begetting a taste and appetite for the other."

My own observations justify this assertion. Now let me picture to you, gentlemen, a homœopathic physician (if you please), an inveterate smoker—and there are many such—who throws away or lays aside his segar at the moment of entering the domicile of his patient, all perfumed and clothing saturated (if I may use the expression) with tobacco smoke. He enters the patient's room, who—by the by—is a delicate, sensitive female, and forthwith, amid all this perfume of tobacco, he imagines he smells camphor, and has it forthwith removed, he smells musk, and it shares a similar fate, and so on of a dozen different articles I might enumerate; but why not think of the greatest nuisance of them all, created by himself, the smell of tobacco-smoke, which is mostly exceedingly disagreeable to the patient, and as likely to interfere with the proper action of his remedy as any of the articles removed. Does not all this remind you of the words of Burns?

> "Oh, wad some power the giftie gie us
> To see oursel as ithers see us."

In regard to its effects upon the human system, let me give you an example that has recently come under my observation. It is a boy of twelve years, a slave to tobacco chewing and smoking; though of ordinarily robust and healthy parents, he has a thin spare face, like a hatchet, and the color of a baked apple, instead of the rosy, fresh face of childhood, is dwarfed in stature, blunted in sensibilities, an adept in swearing, vulgarity and the other requisites of this appalling vice.

In homœopathic practice, we find the following verified symptoms of this remedy, viz.: Stupid, is unable to collect his thoughts, great restlessness, anguish, oppressive apprehensiveness, melancholy, palpitation of the heart, oppression of the chest, driving him from one place to another with constant moaning, vertigo, reeling, feeling of heaviness of the

head, violent headache, stitches from the forehead to the occiput, sticking in the ears and a sensation as if they were closed, fluent coryza, sour taste, burning in the throat and mouth, scraping and burning in the pharynx, voracious appetite followed by nausea, loathing and vomiting, spasmodic pressure in the region of the pylorus, pinching in the abdomen, diarrhœa, nocturnal emissions, tickling and scraping in the throat with irritating cough, sticking in the chest with inability to take a deep breath, frightful dreams, etc.

The foregoing is a true picture of the effects of the article under consideration. Some one will say that I use language unnecessarily harsh and severe in condemnation of the practice alluded to. Perhaps I do; but do not the laws of the country say, if I rob my neighbor's hen-roost, that it is larceny? if I waylay any one, and take from him his money or other valuables, that it is highway robbery? if I lay in wait and kill any one, that it is murder? Then why should we deal gently with the man who attacks the human citadel, who habitually violates the laws of his physical being—the laws of life?

We have abundant evidence that tobacco reduces the animal temperature and leads to disorganization of the heart and other organs, in consequence of an irregular supply of blood. It belongs to that class of exciting substances that has no nutritive properties, and likewise to that class that detracts from functions essential to healthy life; and the stimulation caused by it leaves the system, when its effects subside, below the previous normal standard.

Now, if we believe this—and no one can bear testimony to the contrary—I call upon all, and especially upon all homœopathic physicians, who are in the habit of smoking or chewing tobacco, to conscientiously consider the subject and discontinue its use, and thereby practice what they preach to their patients.

CLIMATOLOGY OF COLORADO.

BY M. MAYER-MARIX, M. D., DENVER, COLORADO.

Climatology, as a science, is but little understood, and has not received from scientists that careful investigation and thorough discussion its importance demands. Although climate exerts an unlimited influence upon every living thing, whether pertaining to the animal or vegetable kingdom, and is the constant topic of familiar and learned comment, and notwithstanding the fact that remarks upon that inexhaustible theme, the weather, fills up all awkward gaps in every day conversation, and become the forlorn conversational hope of timid lovers and bashful gentlemen, still we know but very little of the curious and important changes climate or "the weather" exerts upon the animal economy.

This is owing, to a great degree, to the absence of a complete concerted system of obtaining and recording meteorological observations, including every district of the country, and extending through any regular series of years. It is true the Smithsonian Institute has established stations throughout the country, where suitable apparatus is placed in the hands of competent persons, and a great amount of valuable data collected, which reach us through the publications of that institution. The War Department, too, has recently established numerous stations within the limits of the States and Territories, where observations are taken regularly and transmitted to Washington by telegraph; but as yet the student of the climatology of Colorado receives but little assistance from these, and the writer has not had access to any connected record of metereological observations made within the limits of the Territory. In the absence of these, this article can only be a series of observations—the result of personal investigation and careful study.

All of Colorado is included in the boundaries of the tem-

perate zone, and notwithstanding the great elevation of the mountain region, no degree of cold exists which will give any portion a right to be classed otherwise than as temperate. According to Lorin Blodget's maps, illustrating the mean distribution of heat, the *plains* of Colorado are embraced in the same isothermal lines that include New York and Philadelphia on the Atlantic coast; Columbus and Cincinnati, in Ohio; Indianapolis, Springfield, Leavenworth and Council Bluffs. The *Foot-Hills* are embraced by the same lines that take in Boston, New Haven, Albany, Pittsburg, Detroit, Chicago, Milwaukie, Saint Paul, Omaha and Fort Benton on the Upper Mississippi. The Main Range, the Cordilliera de la Sierra Madre of the Spaniards, and the greater portion of the Territory west of the mountains—that of Halifax, Bangor, Burlington, Quebec, the upper Lake Superior region, and the country surrounding the head water of the Red River of the North.

Admitting the correctness of these lines, the periodical occurrence of heat and cold in Colorado is not characterized with the extremes peculiar to any of the locations above named. Although the altitude of a great portion of the Territory makes the degree of cold greater than in the same latitudes at lower elevations, still the degree of cold indicated is not in proportion to the elevation, basing the calculation upon rules the result of established observations in European countries. According to their theory, every three hundred and eighty feet of elevation, makes a change in climate equal to one degree of latitude. If this held good in Colorado, the summit of the main range would have a temperature equal to Greenland, and our plains that of the coast of Labrador in British America; while the established fact is, the average temperature of the plains is about the same as that of the same latitudes on the Atlantic coast, and that of the mountain regions the same as exists on the Atlantic seaboard, in a latitude but three or four degrees further north.

It is not the aim of this article to theorize upon the causes

of this phenomenon, but simply to advert to the fact. That the elevation has something to do with developing a latent heat in the soil and rocks, which destroys humidity, is apparent, and perhaps the peculiar geological formations of the country may also aid in producing the aridity peculiar to the plains and mountains of these regions. But whatever may be the causes, the results are a less average fall of rain and a greater degree of dryness in the soil, than in the same latitude on the prairies, the Apalachian range of mountains, or on the Atlantic seaboard. According to Blodget, the average rainfall of the plains is about eighteen and that of the mountains about thirty inches. One of the effects of this is, the necessity of irrigation on the plains before the soil will produce vegetation to any great extent. This absence of moisture does not, however, affect the growth of grasses indigenous to the country. These abound on the plains and mountain slopes, and are peculiarly abundant and nutritious in the valleys.

Its influence upon the atmosphere is peculiar. This is entireiy free from humidity and wonderfully clear, health-inspiring and invigorating. It destroys miasma of every kind, and forbid the existence of noxious gases and offensive exhalations. In the mountain regions the average deposit of mois ture is sufficient for all agricultural purposes; but on the plains artificial means must be resorted to before the rich soil will produce largely.

The greatest falls of snow on the plains, in the latitude of Denver, usually occur in the autumn months, commencing in October. This never exceeds ten or twelve inches, and never remains on the ground for any length of time, very often entirely disappearing within twenty-four hours. In the southern part of the plains the fall of snow is trifling, and the winters very mild. Cattle find abundance of food from native grasses at all seasons, and do not require shelter.

In the mountains the fall of snow commences in September, and the greatest amount falls in that month and in October

and April. Although on and near the summit of the range the fall is considerable, and there are places where it remains the entire year, still it does not usually remain on the ground for any length of time. It is not unusual for the greater portion of the mountains, except the highest peaks, to be bare at all seasons.

On the plains the heavy falls of rain are in the Spring and early Summer, scarcely any falling in the Autumn and Winter. There is no "rainy season" in any portion of the Territory. In the mountains rains are quite frequent in the Summer and Autumn, but long continued rain-storms are unknown.

The greatest extremes of cold and the most severe storms occur in November and December in all parts of Colorado; the balance of the season is comparatively mild, except at great elevations, where considerable cold is experienced at all seasons. The months of December, 1872, and January, 1873, have been very cold and severe in the entire Eastern and Western States, the thermometer having had lower range in the former month than was experienced for many years. Colorado seems to be more highly favored, as will be seen from the following table, and while writing this article, on the 17th day of January, the thermometer at three o'clock, P. M., indicates forty-eight degrees in the shade, and seventy-nine degrees in the sun.

DECEMBER, 1872.

Lowest 7 A. M. 8°	Lowest 2 P. M. 9°	Lowest 9 P. M. 1°	Mean
Highest 7 A. M. 47°	Highest 2 P. M. 60°	Highest 9 P. M. 54°	28°

The following is the condensed weather record at Denver, for three years past:

	TEMPERATURE			Rain and Melted Snow.
	HIGHEST.	LOWEST.	MEAN.	
	Degrees.	Degrees.	Degrees.	Inches.
January, 1870	60	5	29.4	1.15
February, 1870	64	1	33.5	1.70
March, 1870	67	8	32.7	.70
April, 1870	80	16	48.1	2 80
May, 1870	86	40	56.1	.35
June, 1870	94	48	68.2	.52
July, 1870	98	53	74.2	.51
August, 1870	97	45	64.8	.12
September, 1870	89	40	60.1	2.85
October, 1870	83	27	47.8	.68
November, 1870	68	20	41.8	.54
December, 1870	60	18	23.	.73
January, 1871	67	6	34.5	.46
February, 1871	66	13	38.5	.23
March, 1871	67	10	46.	1.81
April, 1871	80	25	50.1	1.01
May, 1871	86	42	61 2	2.56
June, 1871	97	56	74.9	.05
July, 1871	97	58	78·	.51
August, 1871	95	54	75.2	.27
September, 1871	86	45	66.5	1.18
October, 1871	85	24	53.5	.40
November, 1871	70	0	36.	3.10
December, 1871	55	2	31.3	.77
January, 1872	58	26	22.7	.84
February, 1872	64	9	34.7	.29
March, 1872	78	4	39 4	2.44
April, 1872	83	25	49.	2.38
May, 1872	89	35	61.3	3.21
June, 1872	97	49	69.	1.58
July, 1872,	93	54	71.	2.42
August, 1872	94	52	72.	1.71
September, 1872	90	36	62.	1.47
October, 1872	88	19	53.6	1.30
November, 1872	69	5	35.8	.81
December, 1872	60	8	28.	.32

The rain fall in 1870 was 12.65 inches; in 1871, 12.35 inches, and in 1872, 18.77 inches.

The absence of clouds the year round is remarkable. The clear, beautiful blue sky and glorious sunshine are seldom

shut out by mists or fogs, except when rain or snow is falling. Cloudy weather is seldom seen.

The average temperature of the plains region of Colorado is from 50° to 55°; that of the foot-hills, some twelve miles west of Denver, from 40° to 50°, and that of the mountains from 40° to 45°. The mercury rarely falls below zero on the plains, even in the coldest season, and seldom exceeds 80° in the warmest. Damp, chilly days or ho tsultry nights are unknown in Colorado. On the summit of the mountain ranges, and on the higher peaks, the cold is often extreme; but in the mcuntain valleys and foot-hills, it rarely reaches a point below zero, and in midwinter we have seen delightfully warm weather not more than five miles from the region of perpetual snow.

The results of these climatological conditions are an extremely healthful and invigorating atmosphere, peculiarly beautiful and enjoyable, and admirably adapted to out-door exercise, rarely enjoyed in other parts of our globe.

It is beyond the scope of this article to trace the effect of the climate of Colorado upon the various diseases incident to man. If it is thought desirable, the writer will prepare at some future time some remarks upon Colorado as a Sanatarium. For the present it may suffice to remark that chronic disease in every form, save Tubercular Phthisis in its *advanced* stages, and organic diseases of the heart, are decidedly benefited, and many cured, by a residence in Colorado, produced, beyond doubt, by our dry, pure, rarified, invigorating and health-inspiring atmosphere.

NECROLOGICAL REPORT.

BY W. R. CHILDS, M. D., PITTSBURG.

The office of Necrologist was created at the sixth annual session of this Society. The efforts made to obtain information from the relatives of deceased physicians, when such relatives are outside the medical ranks, have been almost fruitless; therefore I had a circular letter issued and sent to each member of the Society, with the hope that wherever Homœopathy had an exponent or representative, he might be enlisted in the work of transmitting to posterity what had been accomplished by our predecessors.

I have taken as my guide in preparing this letter, that published by Prof. S. B. Barlow, of New York, Necrologist of the American Institute of Homœopathy, and have been highly gratified by the prompt response it has called forth.

Believing you all see the importance of this subject, let us hope that every member will lend a helping hand to make the necrological report of the State Society as perfect as possible. By caring well for the memories of those departed, we may hope ourselves to be remembered when life's fitful dream is o'er, and we too are numbered with those of the past.

Since the organization of the State Society in 1866, four of our active members had died, prior to our last meeting, namely—

John E. Barnaby, M. D., Pittsburgh, Pa.
Chas. B. Barrett, M. D., Iona, Mich.
James A. Herron, M. D., Pittsburg, Pa.
Walter Williamson, M. D., Philadelphia.

Since these, two active members, S. S. Brooks, M. D., of Philadelphia, and B. R. Bratt, M. D., of Reading, and one honorary member, E. M. Lovejoy, M. D., of Owego, N. Y., have been called away from their respective fields of labor.

J. E. BARNABY, M. D., died at Key West, Florida, on the 5th day of January, 1869,in the forty-eighth year of his age. Dr. Barnaby was born at Salop, England, in the year 1821, and came to this country in 1842. He successfully engaged in various pursuits, until about eight or ten years ago, when his health failed. Allopathic treatment being first resorted to, without benefit, he was induced to try Homœopathy. The success of the treament in his own case, together with some further observations of the superiority of the new method, so impressed his mind that he resolved to study and practice it. His studies were pursued with zeal under the direction of Dr. R. C. McClelland.

He graduated at the Homœopathic Medical College of Pennsylvania, in the year 1860. He located in Allegheny City, where he established an extensive and lucrative practice. He was a corporator of the "Homœopathic Hospital of Pittsburg," and at the time of his death a member of its medical staff. He was a faithful friend of the institution, and discharged the duties of his official position with fidelity and skill. His health gradually failing, he was compelled to relinquish his professional labors early in the summer of 1868. Late in the autumn of the same year he started, accompanied by his wife, for St. Augustine, Florida, but died at Key West, before reaching his destination.

By his sympathizing attentions to the sick, his gentlemanly deportment and devotion to his profession, he secured the confidence and esteem of a large circle of friends, who with us mourn his death.

He was a member of the Allegheny County Medical Society and of the American Institute of Homœopathy.

CHAS. B. BARRETT, M. D., of Iona, Michigan, a member of our State Society and also of the American Institute of

Homœopathy, is reported among our deceased brethren, but we have been unable to obtain any particulars as to time or cause of his demise.

JAMES A. HERRON, M. D., was born in Pittsburg, Pa. Feb. 14, 1834. He received his preliminary education in the public and private schools of the City, and entered the office of Drs. J. P. Dake and J. C. Burgher, as a medical student, in 1853, attending two full courses of lectures in the "Homœopathic Medical College of Pennsylvania," graduating in the class of 1856. He settled in his native city, where he practiced until the fall of 1861, when, recruiting a company, he joined the army as captain in the Fourth Pennsylvania Cavalry. Resigning after the battle of Antietam, in September, 1862, he returned home and resumed the practice of his profession, being for a time associated with Dr. Coté. He died November 15th, 1868, in the thirty-fifth year of his age.

He took great interest in the practice of surgery, and was a successful operator, making for himself quite an enviable reputation in this branch. He was a man of fine natural abilities, quick impulses, decidedly strong in his attachments, and steadfast in his friendships. He was one of the original members both of the Homœopathic Medical Society of Allegheny County and the State Society of Pennsylvania, acting as treasurer of the former for the first two years of its existence. He was widely known throughout the western part of the State, and died leaving many friends to regret his early departure from life.

WALTER WILLIAMSON, M. D. We cannot make a more satisfactory mention of the life, character and work of this distinguished physician than by quoting from the memorial sketch read before the Homœopathic Medical Society of Philadelphia County, Oct. 12th, 1871, and published in the *Hahnemannian Monthly*, vol. vii., pp. 145 to 160, and to which we would refer for fuller details.

"Walter Williamson was born in Newtown, Delaware County, Pennsylvania, January 4th, 1811. His father was

the third lineal descendant of Daniel Williamson, who came from England to America with William Penn, in 1682. The family being in membership with the Society of Friends, ever since the rise of Quakerism, the family records may be found in the books of the Society, so scrupulously kept for such purpose. The heads of the family in each generation being possessed of property, and having a fancy for investing their means in real estate, their possessions are the subjects of record in the counties in which they have resided. A family trait is noticeable through all their generations in this country—that of giving to each member of the family a sound English education, and, to those who have entered the professions, a sufficient knowledge of the classics. Of all the studies pursued by the subject of this memorial, during his scholastic training, mathematics was to him the most attractive. The ordinary branches of a plain English education, including geography, grammar and arithmetic, were mastered at an early age, and in his eleventh year he entered upon the study of the higher branches. In literature, works on biography, history, and the natural sciences, were his favorites. At the age of seventeen years he left school, and engaged in mercantile pursuits with an elder brother. At nineteen years of age it became evident that trade was not likely to engage his whole attention, and at this time some of the collateral branches of medicine, such as botany, mineralogy and materia medica were engaging his attention. After one year had been spent in these preliminary studies—being then in his twentieth year—young Williamson entered upon the full curriculum of medical studies, in the office of Benjamin Rush Erwin, M.D. In the same year he entered the medical department of the University of Pennsylvania, and soon after became the private pupil of William E. Horner, M. D., the distinguished Professor of Anatomy of the University, the oldest and most celebrated medical school in America. During his pupilage, he conducted a course of examinations on Anatomy, with great satisfaction to the members of his class,

and on several occasions received evidences of the friendship of his preceptor, Dr. Horner.

"On the 27th of March, 1833, he received the degree of Doctor of Medicine, and on the 1st of April following, entered into partnership with his former preceptor, Dr. Erwin, in Delaware County. This partnership continued for but a single year, Dr. Erwin removing to another locality, which removal left a large practice in the sole charge of Dr. Williamson.

"On the 10th of August, 1833, Dr. Williamson was married to Mary Matilda Massey. Their first child, a daughter, was born May 14th, 1834.

"We thus see the subject of our memorial advanced, in the comparatively brief period of three years, from a beginning, although a very good one, to a very large field of practice, embracing the circuits of two well-established practitioners, surrounded and respected by the friends and acquaintances of his boyhood and his near relatives and their friends, a husband and father, and the chief physician of the neighborhood; a position which he might contemplate with excusable pride."

During the year 1836 he became impressed with the doctrines of Hahnemann, and after a season of close research he resolved to submit the formula *similia similibus curantur* to a test of personal experience. *Lobelia inflata* was selected for the trial, and its "proving" immediately commenced. The result was most convincing. The adoption of the new method was at once resolved upon, and as most of the writings then extant upon the subject of Homœopathy were in German, the study of that language was undertaken in preference to waiting for the slower work of the translators. Owing to his close application to study and the labor incident to a large practice, his health gave way, and in 1838 he relinquished practice, removed to Maryland, and engaged in a different business, involving much out-door exercise, without much mental labor. In 1839, his health being restored, he returned to practice and located in Philadelphia, where he

greatly assisted in establishing the new school of practice. In 1844 he assisted in organizing the American Institute of Homœopathy. "He was an active and prominent member of the Institute up to the time of his decease; attended its annual sessions with great regularity; was an active, faithful, and efficient committee-man, and filled the office of president, and held other responsible and honorable positions under its organization, with satisfaction to his fellow members and credit to himself.

"At a meeting of the 'Central Bureau' of the Institute, of which he was a member, held in Philadelphia, in February, 1848, it was agreed to petition the legislature of Pennsylvania, then in session, for a charter for a homœopathic medical college, to be located in Philadelphia. Accordingly, a petition was at once drawn up by the Doctor, who acted as secretary, and in the course of a few days a long list of signatures were obtained and the petition was forwarded to Harrisburg. On the 8th day of April, 1848, an act to incorporate the 'Homœopathic Medical College of Pennsylvania, in Philadelphia,' was passed by the legislature. On the organization of the College, Dr. Williamson was chosen to fill the chair of 'Obstetrics, and the Diseases of Women and Children,' and commenced lecturing in October, 1848, at the opening of the first session of the College. He filled this chair during four successive courses of lectures. On the occasion of the death of Caleb Bentley Matthews, M. D., a member of the College faculty, and at the unanimous request of his colleagues, he was transferred to the chair of 'Materia Medica and Therapeutics.' He delivered three courses of lectures on this branch of medical science. In the spring of 1856, on account of ill health, he resigned his professorship and went to Florida. After his return to Philadelphia, not feeling able to perform the duties of an active professorship, he was elected Emeritus Professor of Clinical Medicine. He delivered a lecture once a week during the two succeeding sessions of the College; until, in the fall of 1857, he was re-

elected to the chair of Obstetrics, &c. and delivered two courses of lectures from that chair, resigning finally in the spring of 1859. From this time he ceased taking an active part in college affairs, although always deeply interested in the education of homœopathic practitioners, until the organization of the Hahnemann Medical College of Philadelphia, when he again entered the field as a lecturer, in the capacity of Emeritus Professor of Obstetrics, &c., in the new institution. During the troubled times which followed the organization of the new college, he acted as a peace-maker; a part he was well fitted to fill, holding, as he did, the respect and confidence of the opposing parties. He assisted in bringing about the junction of the two schools, and subsequently lectured on hygiene in the conjoined institution.

"He took great interest in the organization and progress of the State Medical Society (Penn'a), and was elected its president in 1868. He was likewise in active membership with the various homœopathic medical societies formed in Philadelphia, assisted in organizing this society, and was its honored president at the time of his lamented decease. He was one of the most faithful of attendants at the meetings of all medical societies to which he belonged, and always held himself in readiness to serve in any capacity, or to do anything that gave promise of furthering their interests or increasing their usefulness.

"Although unusually robust and of vigorous frame, and a man of most exemplary habits of life, the incessant toil to which he subjected himself by his multifarious occupations, could not fail of making inroads on his health. In 1855 he had a severe spell of sickness, which it was feared would terminate fatally, but he was spared for future usefulness. At several times afterwards his health failed, but he seemed to be able to shake off disease by taking rest, together with proper medication. He had been ailing for some time prior to his last sickness, but care and rest gave hope of recovery both to himself and friends. After one of these premonitory

attacks he visited the White Sulphur Springs of Western Virginia, and on his return seemed to have been greatly benefited by the trip. At this time he was engaged in preparing a history of Homœopathy in this city and vicinity, and likewise felt that he had duties to perform as the associate editor of a medical journal, as the president of an active county medical society, and as a member of a most important committee of the American Institute of Homœopathy. Unfortunately, while needing perfect rest of body and mind, he took to work again, with the feeling that he must fulfil his obligations to his colleagues and the profession; and thus, whatever he might have gained by relaxation and travel, was lost. Although relieved in a great measure of the cares and labor of practice by his son, Walter M. Williamson, he was led by his kindness of heart to visit an old friend and patient, on a cold day in the early part of last winter, and the exposure he was subjected to on that occasion no doubt hastened the end. He became worse rapidly, and although he thought he had fitful glimpses of returning health, nevertheless his strength wasted, he gradually sank, and quietly died, in the early morning of December 19th, 1870. His mental faculties were unimpaired until almost the last moment of his earthly life.

"The more carefully the life and character of Dr. Williamson are studied, the more beautiful do they appear. He presented, morally and mentally, the full measure of a true manhood. Fervently but unostentaciously religious, the tenor of his life gave evidence that his guiding principles were those of the Christian religion. Singularly honest, his integrity of purpose and sentiment was of that sterling type which holds in contempt that measure of human weakness which prompts men to deceive.

"He was also genial and friendly in society, and especially enjoyed the social gatherings of medical men, and entered into the pleasures of such occasions with great zest. Although sincerely attached to his older friends in the pro

fession, it is noticeable that he was especially fond of the junior members, by whom he was always treated with the most profound respect. He was always kind, and did not repel younger men by an assertion of superior knowledge and wisdom, but secured their confidence and regard by the utmost cordiality and courtesy."

SILAS S. BROOKS, M.D. was born in South Scituate, Mass. May 20, 1817. His parents were members of the Society of Friends, and he himself continued a consistent and conscientious member of the Orthodox branch until his death. His literary education was completed at a boarding school under the supervision of the Society, at Providence, Rhode Island.

Subsequent to this his father and family removed to Philadelphia, and Silas engaged in school teaching. While thus engaged at Mullica Hill, N. J., about the year 1840, he became the student of Dr. John Taylor of that place.

He attended three full courses of medical lectures at the Jefferson Medical College, and on the 20th of March, 1844, he received from that institution the degree of Doctor of Medicine.

He at once commenced the practice of medicine in Philadelphia. For ten years he prosecuted the duties of his profession with untiring perseverance and unflagging industry. He served three years as physician to the Philadelphia Dispensary, and received a most flattering testimonial from the managers, when retiring from that position. He also served the City, as one of its vaccine physicians. During these ten years, he also delivered annual courses of lectures on physiology before the Franklin Institute. During the last of these ten years, he was induced to investigate the subject of Homœopathy, and finally became convinced of its merits and entered upon its practice. Although slow to accept the philosophy of the new school, yet when once convinced, he entered upon it (as he did upon every thing) with body, mind and spirit.

Dr. Brooks was a very laborious man. His bodily health,

which had not been the most vigorous for several years, began visibly to yield under the pressure of rather a large practice, when he was about fifty years old. He found it very difficult to reduce his practice, and scarcely conscious of how frail he was becoming, he labored on until, in the latter part of the month of May, 1871, he was attacked with hemorrhage of the lungs. This was not new to him, and he expected soon to be able to resume his duties. He retired for rest to a small farm which he had a few miles from the City, in New Jersey. Here he did not renew his strength, as he had hoped. Repeated attacks of hemorrhage soon brought him to his bed, and he was carefully transported back to the City, where he could have the best medical aid; but it was of no avail, and he died on the 2d of July, 1871.

In 1860, when the board of managers of the Homœopathic Medical College of Pa. found it necessary to reconstruct the professorial staff of the college, they offered the chair of Institutes and Practice to Dr. Brooks, which he accepted, and filled for four consecutive years. When the new faculty met for organization, Dr. Brooks was chosen Dean of the Faculty, which he held during his connection with the college.

The following extracts from his diary will give the key to his character:

"Fifth Month, 24th, 1844.

"On the 20th inst. I was crowned with the title of M. D., the object for which I have labored hard these three or four years. Thanks and gratitude to the great Maker and Governor of minds, for having kept mine in a state suitable for the acquisition of knowledge of a profession for which I have the most profound attachment. But something tells me I have not to be idle one moment at this or any other time, but must apply myself with renewed energy and perseverance, to make myself master of my profession."

After he had closed his services as professor in the Homœopathic Medical College, he made this entry: "I have

failed to meet the class at my regular lecture hour, but *four* times in four years, and these four lectures were delivered at other hours, so that the classes have not missed a single lecture. I have attended every meeting of the Faculty, and all but two of the Board."

Dr. Brooks was remarkable not only for industry and conscientious fidelity in the performance of every duty, but for a sweetness of temper that won the confidence and love of all who knew him. Though he leaves no children to lament his death, there are hundreds of his patients who unite with his widow in mourning the loss of him who was to them little less than a father.

BENJAMIN RICHARD BRATT, M. D. was born at Boonton, Morris County, N. J. April 22d, 1836. His parents removed in 1837, to Pittsburg, Pa. where his rudimentary education was received. Entering the Allegheny College, at Meadville, Pa. in 1850, he graduated in 1855, and immediately began the study of medicine in the office of Dr. D. M. Dake. He attended two courses and graduated from the Homœopathic Medical College of Pennsylvania in 1858. During that year he located at Reading, Pa., where he continued in successful practice until a short time prior to his death, which event occurred January 31st, 1872.

Dr. Bratt was eminently skilful and scientific in the performance of his professional duties; and in his death the Society, and the homœopathic profession at large, have sustained no common loss. In Berks County he did more than any other to spread the beneficence of homœopathy, and he was one of the two who first suggested and then inaugurated the local society known as the Berks and Schuylkill Co. Homœopathic Medical Society.

As a man and citizen Dr. Bratt was loved by all who knew his geniality and kindness of heart. He was particularly respected for his benevolence to the poor in sickness and distress, never failing to do his full duty as a wise and generous physician, regardless always of the prospect of being

remunerated for his labors. In his domestic relations he was one of the best of husbands and fathers, and plucked off as he was in the early manhood of life (by that ruthless enemy to our race, tubercular consumption), their loss is one which excited our strongest emotions of sympathy.

EZEKIEL LOVEJOY, M.D., an honorary member of our State Society, and an active member of the American Institute of Homœopathy, died at his residence in Owego, N. Y. of fatty degeneration of the heart connected with ossific deposits in the aortic and pulmonary arteries, August 15th, 1871. He was born at Stratford, Conn. July 6, 1803, and graduated with honors at Union College, New York, in 1823. Enjoying the instructions of, and taking his degree under such men as Mott and Hosack, it is not to be wondered at that when he went to Owego, in 1828, he soon outstripped all competitors as a physician of the old school.

While on a visit to a sister she called his attention to the new system, and having providentially met Granger, of New York, he was induced to test it. Procuring books and medicines he tried it faithfully, and on finding it to be what it is, the only true law of cure, his noble character prompted him to openly desert the old, nauseous, bungling method, and declare himself an advocate and practitioner of the safety and precision of the new. His previous standing, the popular reliance upon his judgment and faith in his honesty of purpose, carried with him all those whose patronage he had hitherto enjoyed. Thus he became the pioneer of Homœopathy in the southern part of Central New York.

An untiring student, wedded to his profession, it is not surprising that his knowledge of our materia medica was almost boundless, nor that in the large office practice to which he confined himself for the last few years of his life, his success was marvellous and uninterrupted.

A modest, retiring disposition, which is extremely unusual in one so successful; a sympathizing heart which won all to him; a fine, delicate, sensitive nature, making his perceptions

exceedingly acute; a love of and adherence to the right which belongs only to the *justum et tenacem propositi;* an ear ever open to and a hand ever ready to alleviate the sufferings of the poor, combined to make up what is so fitly called a "silken organization."

As some beautiful native flower of our woods is taken by the skilful horticulturist and, by care and culture, has its fragrance augmented, its fine petals made more abundant and elegant, and its grace and beauty made brighter and fairer, so was the rare character and noble mind of this great and good man made, by his education and his upright, conscientious, Christian life, beautiful, inimitable, Christ-like.

Amid a profusion of flowers which were equaled in beauty, purity and loveliness only by the life of the one who was taking his long sleep among them, we laid him away beneath the turf, while in the hearts of those who see their loved ones still living, rescued from the icy grasp of Death by his untiring and skilful efforts, of those whose needs he has ministered unto, and of those whose bereaved and broken hearts his timely sympathy has helped to heal, will he ever be enshrined. Well might he have said,

> "Exegi monumentum aere perennius,
> Regalique situ pyramidum altius,
> Quod non imber edax, non Aquilo impotens
> Annorum series, et fuga temporum."

In submitting this necrological report to the State Society, I feel called upon to congratulate my fellow-members that after an existence of six years, and having at the present time a membership of over one hundred and fifty, we have to mourn the loss of but seven of our co-laborers, and place on record these slight tributes to their memories.

TREASURER'S REPORT.

DR. *Owen B. Gause, M.D., in account with the Homœopathic Medical Soc. of Pennsylvania.* CR.

1872,	Amount of Balance in Treasury, Feb. 7,	$7.69	1872.	Feb. 9, By amount of bill of Senseman & Son, for printing 500 circulars, bill dated Dec. 28, 1871,	6.50
1872–3.	Amount collected during the current year,	292.00		Milner & Sturgis, binding Transactions, bill dated Feb. 1, 1872,	11.00
				Janitors, through Librarian at Harrisburg,	22.00
				April 3, Jackson Bros. for printing "Med. Act. to protest against quackery, &c."	10.00
				Jackson Bros. on account of bill for printing Transactions of Society, 1872,	200.00
			1873.	Jackson Bros. on account of bill for printing Transactions, 1872,	38.00
			1872.	Jan. 1, Corresponding Secretary, postage bill,	12.19
Total amount received,		$299.69		Total amount paid out,	$299.69

The above report, with accompanying vouchers, has been examined and found correct.

H. R. FETTERHOFF, } AUDITORS.
H. H. HOFFMAN, }

PROCEEDINGS

OF THE

NINTH ANNUAL SESSION

OF THE

Homœopathic Medical Society

OF THE STATE OF PENNSYLVANIA,

Held at Harrisburg, October 1st and 2d, 1873.

First Day.—Morning Session.

The Society convened in the Hall of the House of Representatives, at 10 o'clock. The President, J. F. Cooper, M. D., of Allegheny City, called the meeting to order and delivered the following

OPENING ADDRESS.

Fellow-members of the State Society:—We are assembled to participate in the exercises of the ninth annual session of the Homœopathic Medical Society of Pennsylvania, and upon assuming the position to which you have called me, I avail myself of the privilege afforded by a time-honored custom, to make a short address.

The formation and maintenance of a society or association among men of any creed or profession, generally secures for them the notice and consideration of the public, and in proportion to the intelligence, judgment and integrity displayed by the membership, will be the power of such an association

for good to its individual members and to the community. Moreover, the interests of a class or profession are most advantageously considered by its representative men assembled in council, particularly if their deliberations are tempered with prudence and judgment; for it is by intelligent discussion that principles and natural laws are developed and made available in the interests of man.

Though associations in the various departments of life have been common from the earliest ages of the world, yet societies formed among medical men for professional purposes and for the advancement of medical education and the diffusion of all that is learned from year to year, are of comparatively recent origin. A few of the societies of continental Europe, it is true, are venerable from weight of years, and honored for their efforts to unveil the hidden mysteries of disease and their persevering industry in seeking for remedies to control it; but in America, medical societies or associations are comparatively new. Our National Society, the American Institute of Homœopathy, the oldest national body of the kind in this country, has been in existence but little over a quarter of a century, and *this* society dates its origin no farther back than June 5th, 1866. On that memorable day thirty names of the homœopathic practitioners of Pennsylvania were entered upon its list, and its proceedings became part of the recorded events of the day. Each succeeding year has added to its numbers, its power and influence. And he who now looks over its list of names and ponders its proceedings, without glancing at the date of its organization, would scarcely recognize in its vigorous proportions that the beginning of its history was so near in the past.

Yet rapid as has been the growth of our organization, and valuable as the record of our proceedings has become, still we have not attained the position of strength and influence which we might to-day enjoy, had our members been more willing to comply with our regulations and more regular in their attendance at our annual gatherings. The indifference of

some of our number in this respect is the more to be regretted, since it makes them willing to forego what might be to them, as it is to us here present, the most pleasant and profitable of the duties of the year.

Our annual meetings serve a three-fold purpose. First, the renewal of that fraternal feeling born of association and developed by educational influences and a community of interest. Second, the comparing of experiences and the preservation of items of professional interest that would otherwise be lost. Third, the combining of our efforts and professional experiences for our own interests and those of the profession at large. And aside from these, what an extended field of investigation spreads out before us! Man's physical, moral and mental condition, the elements entering into his composition, and the changes produced on these elements in becoming part and parcel of his physical structure, the atom, the molecule and the cell, all more or less constantly changing relation within certain limits, and in accordance with certain laws, furnish an almost boundless field for study and research.

Life is a constantly shifting scene. Its surface views are continually changing, and if the structures of the inner man are examined and considered, there is observed there also a constant succession of changes. The body may be laid to rest, the functions of reason and thought may slumber, but to maintain life, the heart must continue to pulsate The lungs must imbibe oxygen and throw off carbonic acid. The secretions must continue, and digestion must be carried on, and in order to the accomplishment of all this, the brain must continue to give off that nerve influence that is so necessary to the performance of all the functions of the body. The growth and maturing of the vegetable, with the changes in the mineral, minister to the wants of the animal. In the animal, molecular motion directed by a vital principle, produces healthy and natural development; while on the other hand, molecular motion with a depolarization of the mole-

cules, and a consequent withdrawal of the vital principle produces death and promotes decay.

The relation of the elementary substances entering into man's composition, and the power of a vital influence to mould these elements and assign them their proper places in his body, so that each and every part may perform the functions for which that vital principle has moulded and adapted it, are governed by general laws, any departure from which in the performance of a function, constitutes a pathological condition, more or less severe in proportion to its duration, and the causes that operate to disturb the harmonious workings of the whole structure; and if the deviation from nature's laws is very extensive, or involves the condition of a vital part, death is but too frequently the result of that deviation.

When we consider that this condition of things has existed from the creation of man, and will continue as long as the race or any portion of it exists, it cannot for a moment be supposed that a time will come, while man is organized as he is and holds his present relation to nature, that he will be exempt from disease or cease to need remedial aid when nature's laws are violated by him; for no violation of a natural physical law goes unpunished, and the infliction is in just proportion to the violation.

When we look at and consider the elements of which man is composed, the means by which these elements are brought together, and the laws that control their union, and the possibility for antagonizing influences to operate either in his development or in the performance of the functions of his body, we cannot feel surprised to see very considerable departures from a line of absolute perfection. When these departures do occur, come they from what cause they may, they result in disease, either functional or organic, and impress the mind of man with the sense of a necessity. These necessities, in connection with what intelligence man possesses, enable him to develope means for their relief. As

disease is caused by either voluntary or accidental breaches of nature's laws, the physician's art becomes a necessity.

As man's intelligence extends, and a full sense of his wants are learned, the different phases of disease require to be studied in detail, and in order to the accomplishment of this, a full knowledge of all his parts, and the relation of part to part becomes a necessity, and developes through force of circumstances the Science of Anatomy. To study Anatomy alone, would not meet all the requirements of the case; a knowledge of the structures is of little value without a knowledge of their functions. Here, you will readily perceive, is developed the necessity for another science, Physiology. Again, the propagation of the species and the continuance of the race, compels the development of another branch of medical science, included in the principles and teachings of obstetrics. The accidents and morbid growths and ailments dependent on mechanical causes, require still another branch to be studied, as Surgery. Pathology and Therapeutics are equally the result of that stern demand that is prompted by the wants of man, and Materia Medica, Pharmacy and Chemistry, each holds an important place in the list of wants; while Medical Jurisprudence and the different specialties taught, are no less required to complete the list that constitutes the sum of his necessities. Much remains to be learned in applying the principles of the sciences enumerated. Notwithstanding that from year to year new discoveries are made, and new mysteries are unfolded, yet portions of the human structure remain in function as much a mystery as before the scalpel revealed their structural form and composition.

All the departments in medicine are capable of being enriched by scientific research, and it is the duty of those of the present day to add, in proportion to the means at their command, whatever will enrich and beautify the temple reared for the relief of human misery.

I trust that no member of this society will be so lost to

duty as to be found here unwilling to add something to the general store of medical knowledge. The bureaus assigned the duty of preparing material for consideration at this meeting, have no doubt been busy in the performance of that duty, since our last annual gathering; and the membership doubtless have been individually busy also, in the preparing of papers on subjects, if not new, yet in advance of what has been done or learned on the subjects chosen for consideration.

The attention of the busy practioner is generally so occupied, as to make it difficult to keep up with all the details of his business, and spare any considerable portion of his time in the preparation of papers of any moment to the profession. There are, however, few practitioners of prominence in the profession, in reach of a local society, that do not belong to one, and by sharing the necessary labor among its members, really valuable papers may be produced.

Improvement should be the aim of every society. No year of a society's existence should pass without some tangible evidence of advance. A mere discussion on some medical topic of interest is very pleasant and withal profitable to the membership of a society. But from such superficial plouging a full crop of the golden grains of intelligence is seldom gathered. A mere report of the existence of a local society and the number of its meetings is not sufficient. If the state or national society receives from a local society a delegate, or number of delegates, as the case may be, some specimen of its work should accompany the parties presenting themselves as delegates, and this should be made the test of the standing and worth of a society. And in order that our local societies be made more efficient, I would respectfully recommend that this society, at its present session, take some action looking thereto.

There are many things that a society can alone consider and decide upon properly and profitably. Among them are the standing of and condition of our college for the profes-

sional education of the young men of our State, who are brought into the profession; the condition, prosperity and worth of the medical literature of our school of medicine, and the devising of a plan and the procuring of the means for the effectual proving upon the old, the middle aged, and the young of both sexes, of those remedies that are partially proven, but not sufficiently so to make them thoroughly reliable in their application in the treatment of disease. Some of our neighbors of the other schools of medicine are beginning to wake up to a sense of the importance of a thorough knowledge of the effects of pure drugs, as obtained by a proving upon the healthy of both sexes, and are casting about for means by which that object may be realized.

The day is possibly not far distant when an additional chair will be established in all our leading medical colleges, furnished with philosophical and any other apparatus necessary to a thorough and successful proving and systematizing of the pathogeneses of drugs.

Since our last meeting I believe our list of membership has been shortened by the death of one or possibly more of our esteemed associates in the profession. I trust that their memories may not be forgotten, but that at a fitting time suitable memorials will be presented by some of the members present.

In conclusion, it remains for me to thank you for your attention, and crave your indulgence for any errors of word or thought expressed, and express a desire that this, our ninth meeting, may be our best and most profitable one, and our intercourse while together may be most harmonious, and tend to strengthen the bond of interest that has already bound us so closely in a professional brotherhood.

The roll was then called and addresses of members corrected.

The following physicians were proposed for membership: L. B. Hawley, Phœnixville; J. N. Clark, Harrisburg;

Sarah T. Rogers, Philadelphia; J. H. Buffum, Pittsburg; I. B. Chantler, Allegheny; R. E. Caruthers, Allegheny.

The members of the Board of Censors being absent, the president appointed in their stead, Drs. C. A. Stevens, of Scranton, W. H. Cook, of Carlisle, and J. C. Burgher, of Pittsburg, to act as censors, to whom were referred the above applications.

On motion of Dr. Marsden, the Society ordered that medical students under the instruction of any member of the Society be admitted to the meetings of the present session.

Dr. R. J. McCLATCHEY, Treasurer, submitted his annual report, which was accepted and referred to the following auditors: Drs. Fetterhoff, Seip and McClelland.

Dr. P. DUDLEY made a report on behalf of the delegates from the State Society to the meeting of the American Institute of Homœopathy, held last June, in Cleveland. He reported that the Institute meeting had been in every particular a grand success. The next meeting of the Institute will be held at Niagara Falls, in June next.

Dr. McCLATCHEY, chairman of the Committee on Charter, made a report in behalf of the committee, to the effect that the committee had prepared a bill, and that it had been presented in the Legislature, but that in consequence of the pressure on the Legislature of important business the bill was not properly pressed, and that it would be presented at the commencement of the next legislative session, provided the Society so instruct the committee. Dr. McClatchey then read the bill prepared by the committee, entitled "An act to regulate the practice of Homæopathy in Pennsylvania, by incorporating the Homœopathic Medical Society of the State of Pennsylvania." He stated that the bill had been favorably spoken of by members of the Legislature, and there seemed to be little or no doubt regarding its passage next session.

On motion the report was accepted and the committee continued, with instructions to have the bill presented.

Reports from county and district medical societies were then called for.

Dr. J. C. BURGHER reported in behalf of the Allegheny County Medical Society; Dr. W. H. Cook, of Carlisle, presented a report from the Cumberland Valley Homœopathic Medical Society; Dr. R. J. McClatchey, from the Philadelphia Medical Society; and Dr. J. B. Wood from the Society of Chester, Delaware and Montgomery counties.

Dr. DUDLEY, in behalf of the Committee of Publication, reported that the proceedings of the last session had not been published because of a lack of funds, and because of the near approach of the present session; it being deemed best to print the proceedings of both sessions together. Report accepted.

The auditors reported that they had examined the accounts and vouchers of the treasurer, and had found his report correct.

On motion, the report was accepted and the auditors were discharged. The treasurer's report was then adopted.

The report of the Dauphin County Homœopathic Medical Society was then submitted by Isaac Lefever, of Harrisburg. In this report reference was made to the Harrisburg hospital imbroglio. On motion, the report was accepted.

Dr. L. H. WILLARD moved, and it was carried, that a committee of this Society be appointed to frame a series of resolutions expressive of the sense of this Society regarding the questions raised by the allopathic physicians of Dauphin county, and especially regarding the ethics regulating the intercourse of physicians with each other. The chair appointed the following committee: Drs. L. H. Willard, R. J. McClatchey, J. H. McClelland, C. A. Stevens and W. H. Cook.

Dr. J. H. MCCLELLAND made the report of the Pittsburg Homœopathic Hospital. The report stated that the past year of the institution compares favorably with any preceding year of its successful operation. There were 305 patients

under treatment during the year, distributed in the medical, surgical and lying-in-wards. There was a mortality of 17, or 5½ per cent. This small mortality appears the more remarkable from the following analysis: 5 of the deaths were from consumption, 4 had sustained mortal injuries, 2 had organic diseases of the heart, 2 died of old age, 1 of congestive chill shortly after admission, 1 from an ovarian tumor, 1 from typhoid fever, and 1 from typhus fever. It will be observed that the number that died from what are called curable diseases is exceedingly small. There were 4,553 prescriptions issued from the dispensary department, making a total of 24,000 prescriptions since the hospital has been opened.

Dr. P. DUDLEY presented a verbal report in reference to the Baptist Home of Philadelphia. During the year there have been in the Home 25 inmates, whose ages range from 68 to 99 years. There has been one death, caused by cancer. The managers have just completed the erection of a handsome and comfortable building for the use of the Home, at a cost of about $60,000.

Dr. STEVENS presented the report of the Censors, recommending the election of the following candidates: Drs. L. B. Hawley, R. E. Caruthers, J. N. Clark, S. H. Buffum, and I. B. Chantler. These were duly elected to membership.

Drs. J. N. CLARK, J. C. BURGHER and W. H. COOK were appointed a committee to wait on his excellency the Governor, and invite him to visit the Society during the session, and also to be present at the delivery of the Annual Address.

Dr. J. C. BURGHER called the attention of the Society to the fact that delegates appointed to the various State societies rarely have any report to make respecting the proceedings and the conditions of those bodies. He thought it very desirable that reports should be obtained, even though the delegates are unable to visit the societies to which they are appointed.

Dr. M. M. WALKER said this subject was agitated at the

last session, and the hope that some good might result from that agitation has not been realized; the doctor thought that perhaps some other plan might be adopted with better results.

Dr. McCLATCHEY said he had never until the present session failed to present a report from the societies to which he had been accredited.

Dr. DUDLEY suggested that some one be appointed to correspond with all the societies, and obtain from them reports for presentation to this Society.

The report and papers of the Bureau of Materia Medica and Provings were called for, but on motion were deferred until the afternoon session, and the Society then adjourned until 2.30 P. M.

AFTERNOON SESSION.

The Society reconvened according to adjournment, the president in the chair.

The report and papers of the Bureau of Clinical Medicine and Zymoses being in order, Dr. M. FRIESE, of Harrisburg, read a paper entitled "A brief history of the diarrhœa epidemic as it prevailed in Harrisburg, Pa. during the winter of 1872."

Dr. DUDLEY, of Philadelphia, described the epidemic diarrhœa which prevailed in Kensington (the north-eastern section of Philadelphia), some ten or twelve years ago. This diarrhœa was undoubtedly caused by water pumped up from the Delaware, and which had been vitiated by admixture with the city sewage and by decomposing animal matter (the skins and refuse of fish) daily thrown into the docks. The disease was chiefly prevalent within the limits supplied with this water, and a very large proportion of those cases which occurred outside of this district could be traced to the use of the Kensington water. The very striking similarity between the symptoms of the Kensington and Harrisburg epidemics

led to the question whether they might not have a similar cause, although Dr. Friese ascribed the latter to atmospheric influences. In reference to treatment, the same remedies had been indicated and used in both epidemics. In addition however to these he would mention Bryonia tincture, in water, as giving better results in a large number of the cases in Kensington than almost any other remedy. Dr. Friese has mentioned that many persons in Harrisburg have not yet fully recovered from the effects of the epidemic. If the disease was like the one in Kensington, some of them will never be entirely rid of its influence upon their general health.

Dr. W. H. Cook, of Carlisle, said he was surprised to learn, as he had from Dr. Friese's paper, that the theory of water causation of this diarrhœa was exploded. He did not understand how an epidemic of that character could be produced during the winter season by malarial influences. A clergyman in his practice had his health completely shattered by the use of the Harrisburg water during the epidemic. The disease was not only too violent but too generally prevalent to be attributable to atmospheric influences; there having been probably more than ten thousand people affected by it.

Dr. Friese asked why—if Dr. Cook's theory be correct—the disease should have followed an epidemic of malarial disease and prevailed coextensively with it? Many contracted the disease who did not drink the water, and chemical analysis failed to reveal the presence of any deleterious matters in it, except for a time, when it was impregnated with sewer water. He would ask if it were not possible that malaria might be so modified by the action of cold weather as to produce intestinal diseases.

Dr. R. J. McClatchey said that he remembered that the disease prevailed during the time that this Society was convened in its eighth annual session. The Philadelphia delegation at that meeting consisted of ten physicians. Of these ten only one (himself) escaped the disease, yet he was the only one who drank freely of the Harrisburg water, which he had

not failed to do at all his meals and whenever he was thirsty; others drinking tea and coffee only. Some of the delegates from Philadelphia were attacked at once, while others were seized upon their return home, and were handled more or less severely. These drank tea or coffee, but either did not taste the unboiled water or drank of it very sparingly.

Dr. MARSDEN drank no water except in the form of coffee or tea, and yet upon returning he had a violent attack of diarrhœa from which he had scarcely yet recovered. He had generally found malarious disease to intermit or remit. If this were the case in the epidemic referred to, it would, in his mind, be a strong argument in favour of the malarial origin of the disease. He was not prepared to say that all the poisonous properties that might exist in water could be destroyed or removed by boiling.

Dr. DUDLEY. "In reference to the sickness of nine out of the ten Philadelphia physicians mentioned by Dr. McClatchey, allow me to say that we were so unsophisticated, that while we feared the Harrisburg water we did not hesitate to drink Harrisburg milk." The doctor further said he believed that the Delaware water, by reason of its admixture with sewage, causes even now a considerable amount of sickness among those who are compelled to use it. He instanced the case of a mother and child, both sick with a long continued wasting diarrhœa, who, after resorting to all the approved remedies, were immediately and permanently cured by removing from the district.

Dr. J. C. BURGHER said that no doubt none would contend that malarious influences did not operate during the winter. Dr. Friese does not contend that the malaria which caused the disease was generated during the winter in which the disease prevailed, but its effects often do show themselves some time after exposure, and even during cold weather.

Dr. MARSDEN thought the facts were inconsistent with the theory of malarial action, for the reason that so many were attacked with diarrhœa in the winter, who, by reason of non-

residence during the previous summer and autumn, could not have been exposed to the malarial influences which then prevailed.

In response to a question by Dr. L. H. Willard, Dr. Dudley stated that a single glass of Kensington water had been sufficient to produce a very serious illness. He did not know whether horses and cattle had been affected by the disease or not. He had not heard of any cases.

Dr. COOK considered that during the winter there had been no possible source of malaria; and as the facts already stated by several of the members prove that the poison, whatever it may have been, exerted its full effects upon transient residents, it was perfectly clear to his mind that the morbific agent was imbibed through the alimentary canal.

Dr. DUDLEY thought that as chemical analysis utterly failed to reveal the presence of malaria in the atmosphere, it is unreasonable to suppose that it can detect all the poisonous properties that can possibly exist in water.

Dr. COOK referred to the "milk sickness" of the west as an indication that the disease might possibly have been communicated through the medium of the dairy.

The discussion then closed and the paper of Dr. Friese was accepted and referred to the Committee of Publication.

Dr. J. H. MCCLELLAND then presented an elaborate paper on epidemic cerebro-spinal meningitis, prepared by a committee appointed for the purpose by the Allegheny County Medical Society, consisting of Drs. Cooper, Burgher, Hoffman, Willard, Seip and McClelland. The paper embraced the "History" of the disease, by J. F. Cooper, M.D.; "Symptomatology," by J. H. McClelland, M. D.; "Pathology, Diagnosis and Prognosis," by J. C. Burgher, M. D.; "Medical Treatment," by H. H. Hoffman, M. D. and C. P. Seip, M.D.; "Dietetics," by L. H. Willard, M.D.

Dr. WALKER, of Germantown, thought that ice-cream, recommended by Dr. Willard, had been, in his hands productive of great harm, and, in fact, he had abandoned its use.

Dr. WILLARD had not observed bad but, on the contrary, good effects. He gave it in moderate quantities, and if it produced diarrhœa, it were better than the obstinate constipation so frequently met with.

Dr. C. P. SEIP said he had given ice-cream freely, and when diarrhœa already existed, and in some cases even he had given little else.

Dr. FRIESE called attention to the use of Cina. He had used it in good effect in children, where there were complications of helminthiasis.

Dr. MCCLELLAND had used Cina occasionally, with good effect, where the children gave evidence of worm troubles.

Dr. FRIESE had a case in which Cina was the principal remedy used; Belladonna having been administered to counteract certain intercurrent symptoms. The case seemed almost hopeless, yet recovered after four weeks illness. The characteristic symptoms were, pain in the epigastrium, extreme sensitiveness of the cervical spines, semi-paralysis of the extremities, convulsions, etc.

Dr. MARSDEN asked whether physicians had noticed any difference in their success in these cases when they had been early called or only after the disease had made some progress. His own experience was that a few days made a great difference in results, the progress of organic lesion being very rapid. He had noticed in some cases the occurrence of violent hemorrhage, and such cases he had never known to recover. Professor Wood advises to abstain from the use of the lancet in these cases. He knew of cases of a number in his own practice in which a fatal result speedily followed hemorrhage. He had found Gelseminum of great service in relieving the pain, and Baptisia for the blood poisoning, where there was a tendency to disorganization of the vital fluid.

Dr. O. C. BRICKLEY mentioned a case where there was great sensitiveness to the touch, which was promptly relieved by Tartar emetic.

Dr. J. N. CLARKE recommended ice bags to the spine.

Dr. J. H. McClelland thought that in the experience of the Pittsburg physicians, hot applications to the spine had been more efficacious than cold.

Dr. C. P. Seip corroborated this statement. The objection to the ice applications to the spine consisted in the shock to the system, which sometimes resulted in a collapse. He had never seen such results follow heat to the spine.

Dr. Dudley asked whether any one had used alcohol in this disease. There appeared to be some specific action of alcohol in this affection. He referred to the success of the late Dr. David James in the treatment of cerebro-spinal meningitis, which was attributed by him to the early use of alcohol, to secure what he called the "alcohol sweat." The method of administration in order to secure this result is as follows: Mix one or two teaspoonfuls of alcohol (95 per cent.) in half a tumblerful of water, and give a teaspoonful every hour, *without intermission*, day and night. Soon after the treatment is begun, the pulse falls in frequency, and in from twenty-four to forty-eight hours the profuse sweat supervenes, and all the violent symptoms instantly subside. The remedy should then be withdrawn gradually. In order to obtain any good results it must be used upon the first approach of the malady.

Dr. McClatchey indorsed what Dr. Dudley said about the value of alcohol, when used early in these cases. Its good results are promptly exhibited, or if not it should be abandoned. He had used it in connection with other medicines, frequently mixing it with the water in which these medicines were dissolved. He believed that he had derived this knowledge of its usefulness from Dr. David James.

Dr. McClelland had also used it in the same manner as described by Dr. McClatchey, with good effect.

Dr. McClatchey said, in reply to a question, that the *tout ensemble*, that which made up a case of meningitis cerebro-spinalis, was the *indication* for the use of alcohol.

Dr. Isaac Lefever, of Harrisburg, related a case with

a fatal termination from paralysis after a very lingering illness.

The papers on meningitis were then accepted and referred to the publishing committee.

A paper entitled "Cases from Practice," by Dr. W. R. Childs, of Pittsburg, was read by Dr. Burgher, and on motion accepted and referred to the Committee of Publication.

Dr. J. C. BURGHER, chairman of the Bureau of Surgery, announced the following papers as being in possession of the Bureau: "Clinical Cases in Surgery," by Malcolm Macfarlan, M.D., of Philadelphia; "Skin Grafting," by L. H. Willard, M.D., of Allegheny City; "Compound Fracture of the Tibia and Fibula," by J. H. McClelland, M.D., of Pittsburg; "Topical Applications," by J. C. Burgher, M.D., of Pittsburg.

Dr. MCCLELLAND'S paper on "Compound Fracture of the Tibia and Fibula," was then read by that gentleman, and on motion was accepted and referred to the Committee of Publication.

The Society then adjourned, to meet at 8 o'clock, P.M., to hear the annual address by Dr. L. H. Willard.

EVENING SESSION.

The Society assembled at eight o'clock in the hall of the House, to hear the Annual Address, which was delivered by Dr. L. H. Willard, of Allegheny City, his subject being "The Surgery of the Nineteenth Century."

A vote of thanks was given to Dr. Willard for his admirable address, and a copy was requested for publication.

After the delivery of the address a short business session was held.

Dr. J. C. BURGHER announced an additional paper as belonging to the Bureau of Surgery, entitled "Compound Comminuted Fracture of the Tibia and Fibula, just above the Ankle," by C. A. Stevens, M.D., of Scranton.

Dr. BURGHER then offered and the Society adopted a motion that the subject of *delinquents* be taken up. After considerable discussion the following was adopted:

Resolved, That the Treasurer be instructed to notify all delinquents to the amount of five dollars, that if their accounts are not settled within three months of said notification their names shall be dropped from the roll; and the persons thus dropped shall not be readmitted until all dues shall be paid.

Dr. DUDLEY then moved that the second paragraph of Section 2 of the By-Laws be repealed. Adopted.

It was moved and carried that the name of Dr. Richard Koch, formerly of Philadelphia, be dropped from the roll.

Dr. C. A. STEVENS read his paper, referred to above, which was accepted and referred to the Committee of Publication.

Dr. FRIESE asked what was the experience of the members in the use of Day's splints, and particularly in Barton's fracture of the radius.

Dr. BURGHER said that his experience with these splints had been very satisfactory, though there were other splints he preferred in most cases.

Dr. MCCLELLAND had no faith in the interosseous pressure, and thought it did more harm than good. Day's splints were very handy in emergencies, and especially in fractures of the arm. He preferred Plaster of Paris splints generally.

Dr. BURGHER said that some objected to the plaster splint on account of its weight, but it need not be made weighty. The Bavarian splint, made out of common white flannel and the plaster, made a light and very efficient splint.

Dr. MCCLACTHEY then read Dr. Macfarlan's paper on "Clinical cases in Surgery." It embraced a record of three interesting cases:—one on "Hydrocele and Hernia," one on "Cystic Tumor of the Orbit," and one on "Strangulated Oblique Inguinal Hernia in the Female." The paper was accepted and referred as usual.

Dr. LEFEVER, of Harrisburg, mentioned a case of hydrocele for which he injected a solution of Iodine; this was allowed to flow off, and then a cord, knotted at the end, was introduced through the canula. It remained several days and there resulted a radical cure.

Dr. FRIESE had not succeed in a single case by means of the strapping method, and inquired if this plan is at all reliable.

Dr. McCLELLAND said he much doubted if a radical cure could be obtained from the strapping process.

The Society then, at 10¼ o'clock, adjourned until 9 o'clock on Thursday morning.

SECOND DAY—MORNING SESSION.

Dr. L. H. WILLARD presented the report of a case of successful skin-grafting at the Pittsburg Homœopathic Hospital. He stated that his assistant, Dr. R. E. Caruthers, took pieces of skin from his own arm and planted them on the granulating surface of a stump where there had been sloughing, and that one or two of these grafts took hold. There was a very slight growth from these centres at first, but after a while growth was more rapid.

Dr. McCLELLAND remarked in addition, that when the case came into his hands from Dr. Willard's term, the grafts were still quite small, and that his assistant, Dr. J. H. Buffum, then applied electricity in the following manner: a disk of platinum was placed over the denuded surface, connected by a wire to a plate of zinc some distance from it, and held in position by adhesive strips. The growth after this was perceptibly more rapid. Under the disk of zinc the skin was quite red and irritated.

Dr. B. W. JAMES, of Philadelphia, gave his experience in the use of electricity, which confirmed the opinions of Drs. McClelland and Willard, that the renewal of growth and healing was fairly attributable to the action of the electricity.

On motion the paper was accepted and referred.

The Bureau of Surgery was then closed.

Dr. J. J. YOULIN, of Jersey City, N. J., president elect of the American Institute of Homœopathy, was then introduced to the Society. He was properly welcomed by the president, and made an eloquent response, in which he alluded to the feeling of brotherhood existing between the physicians of Pennsylvania and New Jersey. He congratulated his brethren on the glorious disposition to accord full and equal rights to all medical men of all schools, as shown in the recent events at Harrisburg. He was reminded by the discussion on skin-grafting, of a case occurring in the practice of Dr. M. W. Wallens, of New Jersey. A man had his leg crushed by a railroad car. The integument was much lacerated and the bone comminuted. After the bone reunited, there remained a large denuded surface, which was cured by the grafting process. As in the other case mentioned, the graft disappeared for a time, then reappeared and grew rapidly.

On motion of Dr. McClelland, Dr. Youlin was invited to participate in the discussions of the Society.

Harriet S. French, M. D., of Philadelphia, was proposed for membership, and the proposition was referred to the Board of Censors.

Dr. SEIP read a paper supplementary to a paper presented at the last State Society meeting, being the report of a case in which castration had been performed without depriving the patient of virile power. He stated that the same condition prevailed. In reply to a question by Dr. Lefever, Dr. Seip said that the patient's voice has undergone no change.

The application for membership of Dr. H. S. French was reported on favorably by the censors, whereupon Dr. French was elected to membership.

The report of the Bureau of Materia Medica and Provings was called for, but there being no response, the bureau was declared closed.

The committee to report on the Harrisburg Hospital troubles, submitted the following preamble and resolutions as their report:

WHEREAS, This society has been advised of the establishment of a hospital in the city of Harrisburg by the contributions of the citizens, many of whom employ homœopathic medical treatment for themselves and their families; and

Whereas, The trustees of said hospital, having appointed a medical staff composed entirely of allopathic physicians, subsequently resolved, in deference to the wishes of some of the supporters of said hospital, that homœopathic medicines be procured, and that the inmates of said hospital be allowed to employ such homœopathic physicians as they might wish; and

Whereas, Upon the action of said trustees becoming known, the staff of said hospital unanimously resigned, and adopted, amongst other resolutions, the following, to wit: "Whilst we should cheerfully and gratuitously have served the interest of the institution to our best ability, as its sole staff, we cannot consent to act in a hospital wherein it is proposed to *sanction practice so utterly at variance with that in which we have been educated*;" and

Whereas, The action of these members of a so-called liberal profession, was endorsed by the members of the Dauphin County (allopathic) Medical Society in the following terms:

"*Resolved*, That we also most cordially endorse and approve the *manly and high-toned professional action* of the medical staff in promptly resigning their position in said hospital. *Resolved*, That we individually and as a society pledge ourselves not to accept any position in said hospital unless each and every member of the late staff of the hospital be re-elected by the managers of said hospital; and *all other practice but that of the regular school of medicine be ignored*;" therefore

Resolved, That in the opinion of the Homœopathic Medical Society of the State of Pennsylvania, the assumption of the

late medical staff of the Harrisburg Hospital that the sum of wisdom is that which they have been taught, is absurd, and that their character as men of liberal education is not sustained by their attempt to assert for their individual knowledge the utmost limit of medical education.

Resolved, That the action of the Dauphin County (allopathic) Medical Society, in endorsing "most cordially" the action of the medical staff of the Harrisburg Hospital as "manly and high-toned" conduct; in attempting to force upon the trustees of the hospital the re-appointment of these "manly and high-toned" medical men; and in dictating to said trustees the necessity of ignoring "all other practice but that of the regular school of medicine," is neither manly nor high-toned, but savors rather of the ignorance, bigotry and intolerance characteristic of the dark ages.

Resolved, That this Society endorses the action of the homœopathic physicians of Harrisburg in refusing to serve the trustees of the Harrisburg Hospital upon other terms than those of perfect equality with any and all other physicians who may be admitted to practice in said institution.

The report of the committee was accepted, and the committee discharged. The preamble and resolutions reported by the committee were then unanimously adopted.

Dr. R. J. McClatchey, chairman of the Bureau of Obstetrics and Diseases of Women and Children, submitted the report and papers of that bureau, as follows:

1. "Labor, as modified by Pre-existing Disease or other Debilitating Causes." By J. H. Marsden, M. D., of York Springs.

2. "Cases in Obstetrical and Gynæcological Surgery." By Malcolm Macfarlan, M.D., of Philadelphia.

3. "Pneumonia, with Miscarriage." By J. H. P. Frost, M. D., of Danville, Pa.

4. "A case of Post-partum Convulsions." By J. C. Burgher, M.D., of Pittsburg.

5. "Two cases of Placenta Prævia." By M. Friese, M.D., of Harrisburg.

6. "On making Vaginal Examinations." By R. J. McClatchey, M. D., of Philadelphia.

7. "Some Obstetrical Instruments." By R. J. McClatchey, M.D., of Philadelphia.

Dr. MARSDEN then read his paper on "Labor, as modified by Pre-existing Disease and other Debilitating Causes."

Dr. MARSDEN, in concluding the reading of his paper, remarked that in applying the forceps, he is always guided by the form of the pelvis rather than by the position of the head.

Dr. FRIESE said that in cases in which there is very great pain, he uses anæsthesia to the extent of relieving the pain, but not in sufficient quantity to produce insensibility or unconsciousness, before using the forceps. He did not think that any danger need be apprehended from it when thus used, not even from uterine inertia. He has also used Ergot for the purpose of aiding labor, and had seen no bad effects from it.

Dr. DUDLEY recalled the attention of the members to the fact that Dr. Marsden had some years ago strongly recommended Actea racemosa to forward the process of labor, when this process was retarded by rigidity of the os uteri. The regular use of the drug for two or three weeks before labor will always exhibit its effects in a complete relaxation of the fibres of the os and cervix. Its administration even during labor furnishes almost marvellous results. He related three cases in which slow and tedious labors had been brought to a speedy close by a few doses of the tincture in water, every fifteen minutes, and without increasing the violence of the expulsive efforts.

Dr. MARSDEN had used it in many cases and with complete success. It was no uncommon thing for women living at a distance to send to him for "medicine that makes labor easy." A woman who had usually been a long time in labor,

used the Actea rac., and was so soon "over it" that no doctor was sent for.

Dr. SEIP stated that Dr. Hoffman and himself had freqently used the Macrotin, 3x, one to two drops every half hour, in cases of rigid os uteri, and had seen very few cases which had not been speedily relieved by it. He never attempted to force dilatation without the use of chloroform; he had never seen hemorrhage to result from its use.

Dr. C. A. STEVENS had seen good effects from Caulophyllum 6th, when used night and morning for three or four weeks before labor.

Dr. B. W. JAMES'S experience with Caulophyllum was similar to that of Dr. Stevens. On the other hand he had frequently been able to relieve "false pains" by means of Ignatia. He related a case to show that even natural labor might perhaps be delayed for a time by its use. He used the Caulophyllum to bring on labor pains. He did not know that the action of these remedies is homœopathic to these cases. He gave them simply on general physiological principles.

Dr. MCCLELLAND expressed surprise that the two remedies spoken of in the discussion should exert influences so similar in their character. He also asked whether Dr. Marsden had employed the true similimum in his cases before resorting to Ergot.

Dr. MARSDEN said if he knew of a remedy homœopathic to any case, he should give it in preference to Ergot or any other remedy. He desired, however, to reach the best result by the shortest possible road. He had used both Actea and Caulophyllum, preferring the latter in case of much pain occurring a week or two before labor. He had thought these "premature" contractions might be nature's method of securing the proper position of the fœtus. Sometimes, however, the pains appear to be neuralgic in their character, and Caulophyllum relieves them.

Dr. FRIESE. "Both these drugs belong to the Cohosh family, and this may account for their similarity of action.

Ergot, for inertia, should be given in large doses. And the same principle applies to other remedies." He had used Aconite even in collapsed states and with good effect.

Dr. JAMES used Ergot in inertia to secure its physiological effect. He regarded it as a purely common sense mode of treatment.

Dr. DUDLEY, alluding to the qualities possessed by Caulophyllum, of contracting the expulsive fibres and of relaxing the retaining fibres, quoted a remark of the late Dr. Williamson to the effect that it is possible that a perfectly normal and healthy labor may be unattended with pain. He (Dr. Dudley) conceived that the two processes, relaxation of certain fibres and contraction of certain others—are both essential to healthy parturition, and may both originate in a common source upon which Caulophyllum may exert its specific action.

Dr. MARSDEN'S paper was then accepted and referred to the Committee of Publication.

Dr. FRIESE read his paper entitled "Two Cases of Placenta Prævia," which was accepted and referred.

Dr. MACFARLAN'S report of "Cases in Obstetrical and Gynæcological Surgery," was next presented by Dr. McClatchey.

Dr. MCCLATCHEY also read a paper prepared by himself, entitled, "On Making Vaginal Examinations." Both these papers were accepted and referred to the Committee of Publication.

Dr. MCCLATCHEY likewise exhibited and explained the action of Braxton Hicks' cephalotribe, manufactured by Mr. Gemrig, of Philadelphia; Gemrig's improvement of Dr. Albert Smith's useful speculum, and Mr. Jacob Teufel's improvement of Braun's perforator, doing away with the hurdy-gurdy screw motion by substituting a wheel movement in the axis of the shaft.

The bureau was then declared closed.

The report and papers of the Bureau of Organization, Registration and Statistics were presented by Dr. Pemberton

Dudley, chairman of the bureau. He announced that committees had been appointed to organize county and district societies in places where such societies do not exist, as required by a resolution adopted at the last session, and suggested that when new societies are organized, it should be with the understanding that in order to retain membership therein, physicians *must* contribute their equal share, not only of the expenses, but also of the work. He intimated that such a society would probably be organized shortly in Philadelphia.

Dr. YOULIN thought the Bureau of Organization, Registration and Statistics had charge of one of the most important branches of our work. In his own State it has been the medium through which physicians have been directed to good locations, and destitute and important fields have been occupied. In reference to the organization of societies upon the basis of an equality of labor, he said there was such a society in New Jersey and one in New York.

Dr. M. FRIESE read a brief history of the rise and progress of homœopathy in Dauphin County. He stated that it had been introduced into Harrisburg in 1838, by a Dr. Becker, and since that time had so increased in that city that it is now the dominant practice.

These papers were appropriately referred and the bureau closed.

Dr. JACOB G. WIESTLING, of Harrisburg, tendered his resignation upon the ground that he would not belong to a society which admitted women to membership. On motion, his resignation was accepted, provided his dues are found to be paid.

The report and papers of the Bureau of Miscellaneous Subjects were then presented by Dr. J. B. Wood. of West Chester. These comprised a paper on "Electricity as a Therapeutic Agent, by Dr. H. R. Fetterhoff, of Newville, which was read by title and referred; and a paper on "Tobacco," by Dr. J. B. Wood, of West Chester, which was read, accepted and appropriately referred.

The following resolution was offered and adopted:

Resolved, That instead of the appointment of delegates to other societies, the secretaries be and they are hereby instructed to solicit an exchange of publications with said societies, and from these prepare an annual report of their condition and prospects, and present the same at the annual session of this body.

Dr. J. N. CLARK, of Harrisburg, offered the following preamble and resolutions, which were on motion adopted:

Whereas, The lunatic asylums of this State, owing to their present overcrowded condition, are inadequate to the wants of our increasing population; and

Whereas, The medical practice of the existing asylums is exclusively allopathic, thus debarring our patients from their chosen system; and

Whereas, We believe that under homœopathic treatment, mental diseases are less formidable, the time required for their cure much shorter, and the number of incurable patients less than under any other system of medical practice; therefore

Resolved, That this Society recognizes the necessity for an additional lunatic asylum, in which patients should have homœopathic treatment, and that we will aid in its establishment.

Resolved, That a committee be appointed to prepare plans and solicit subscriptions for the organization and construction of such an asylum, and that said committee be empowered to prepare a memorial to be circulated throughout the State for signatures, asking the Legislature to authorize the establishment and speedy erection of such an institution, where the medical treatment and the general regimen shall be exclusively in charge of the homœopathic profession, under the proper supervision of the State.

The report of the Necrologist, Dr. W. R. Childs, of Pittsburg, was read by Dr. J. H. McClelland. Accepted and referred.

The secretary was instructed to request all members of the Society to notify the Necrologist of the decease of members.

The following resolutions on the death of Dr. David James, were presented by Dr. McClatchey and adopted by a rising vote:

Resolved, That in the death of Dr. David James, of Philadelphia, the Society recognizes the loss of one of its oldest and most highly esteemed members.

Resolved, That as an able exponent of homœopothy, Dr. James has been deservedly held in high esteem, and that his many qualities of head and heart endeared him to all who shared the pleasure of his acquaintance.

Resolved, That the sympathies of this body are tendered to the bereaved family of the deceased, and that a copy of these resolutions be properly engrossed and forwarded to them.

Votes of thanks were then tendered the Clerk of the House of Representatives for the use of the hall of the House; to the newspaper press of Harrisburg for full notices of the proceedings, and especially to the *Telegraph* and *State Journal;* to Forney's *Press*, of Philadelphia, and the Pittsburg *Commercial*, for unusually full reports; and to the officers of the Society for faithful performance of their duties.

The Society then proceeded to the election of officers for the ensuing year, with the following results:

President—Dr. Chas. A. Stevens, of Scranton.

First Vice-President—Dr. Isaac Lefever, of Harrisburg.

Second Vice-President—Dr. W. F. Speth, of Lewistown.

Recording Secretary—Dr. M. M. Walker, of Germantown.

Corresponding Secretary—Dr. Pemberton Dudley, of Philadelphia.

Treasurer—Dr. R. J. McClatchey, of Philadelphia.

Censors—Drs. B. W. James, of Philadelphia; C. P. Seip, of Pittsburg; A. Korndœrfer, of Philadelphia.

Necrologist—Dr. Wm. R. Childs, of Pittsburg.

Orator—Dr. J. H. Marsden, York Springs.

Alternate—Dr. J. H. McClelland, Pittsburg.

It was moved and carried, that when the Society adjourns it be to meet in Philadelphia, on the first Wednesday in October, 1874; that hereafter meetings be held in Philadelphia, Pittsburg and Harrisburg, in rotation; and that the standing resolution in reference to meeting annually at Harrisburg be repealed.

Dr. J. J. YOULIN invited the members to attend the meeting of the New Jersey State Medical Society, at Trenton.

A vote of thanks was tendered to the Dauphin County Homœopathic Medical Society, for courtesies to members.

The secretaries presented certain bills which were ordered to be paid.

The Philadelphia County Medical Society was appointed a Committee of Arrangements for the next meeting.

Dr. J. N. CLARK was appointed chairman of the Committee on Lunatic Asylum, with power to associate four others with him.

It was stated that the transactions of the last and present sessions would be published and bound together, whereupon it was ordered that the Committee of Publication be authorized to furnish to members received at the present session the transactions of both sessions.

Dr. J. H. MCCLELLAND moved, and it was carried, that the editor of *Hahnemannian Monthly* have the usual privilege of publishing such parts of the proceedings and papers of the Society as he may wish, in advance of the issue of the volume of Transactions.

The President then announced the following appointments:

BUREAUS OF SCIENTIFIC SUBJECTS.

Materia Medica and Provings—A. Korndœrfer, M.D., Philadelphia; David Cowley, M. D., Pittsburg; Jacob Jeanes, M.D., Philadelphia; Charles A.

Stevens, M.D., Scranton; Isaac Lefever, M.D., Harrisburg.

Clinical Medicine and Zymoses—B. W. James, M.D., Philadelphia; M. Friese, M.D., Harrisburg; H. H. Hoffman, M.D., Pittsburg; Joseph E. Jones, M.D. West Chester; W. J. Blakely, M.D., Erie.

Surgery—M. Macfalan, M.D., Philadelphia; J. H. McClelland, M.D., Pittsburg; L. H. Willard, M.D., Allegheny; J. C. Burgher, M.D., Pittsburg; J. J. Detwiler, M.D., Easton.

Obstetrics and Diseases of Women and Children—R. J. McClatchey, M.D., Philadelphia; J. H. Marsden, M.D., York Springs; M. Preston, M.D., Norristown; C. P. Seip, M.D., Pittsburg; Harriet J. Sartain, M.D., Philadelphia.

Organization, Registration and Statistics—Pemberton Dudley, M.D., Philadelphia; H. Detwiler, MD., Easton; J. H. Buffum, M.D., Pittsburg; W. H. Cook, M.D., Carlisle; R. C. Smedley, M.D., West Chester.

Miscellaneous Subjects—J. B. Wood, M.D., West Chester; H. W. Fulton, M.D., Pittsburg; Edward Reading, M.D., Hatboro'; J. E. James, M.D., Philadelphia; L. B. Hawley, M.D., Phœnixville.

COMMITTEES.

Committee of Arrangements—The Philadelphia County Medical Society.

Committee of Publication—Pemberton Dudley, M.D., Philadelphia; M. M. Walker, M.D., Germantown.

Committee on Charter—R. J. McClatchey, M.D., Philadelphia, Chairman; J. C. Burgher, M.D., Pitts-

burg; J. K. Lee, M.D., Philadelphia; R. Ross Roberts, M.D., Harrisburg; B. W. James, M.D., Philadelphia; M. Cotè, M. D., Pittburg; M. Friese, M.D., Harrisburg; S. T. Charlton, M.D., Harrisburg.

DELEGATES.

Delegates to the American Institute of Homœopathy—Drs. M. Coté, M. M. Walker, S. R. Rittenhouse, John E. James, J. C. Morgan, Isaac Lefever, M. J. Kœnig, W. F. Speth, J. H. P. Frost.

The Society then adjourned.

REPORTS

FROM

LOCAL HOMŒOPATHIC MEDICAL SOCIETIES AND INSTITUTIONS.

HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY.

President, ... L. M. Rousseau, M.D.
Vice-President, W. R. Childs, M.D.
Secretary, ... J. H. Buffum, M.D.
Treasurer, . . . M. Coté, M.D.
Censors, . . J. C. Burgher, M.D.
. . H. H. Hoffman, M.D.
. . J. S. Rankin, M.D.

This society still holds stated meetings on the second Friday of each month, at the Homœopathic Hospital in Pittsburg; besides which, adjourned meetings are held almost every month, on the last Friday thereof, for the purpose of discussing the diseases of the month, and such other matters as may be appointed for consideration.

The society during the interval since last session, has been engaged in preparing a paper for the State Society, in accordance with a resolution adopted by that body. This paper is upon the subject of Epidemic Cerebro-Spinal Meningitis, and has been prepared by a committee appointed by the society, and will be presented at this session.

The society may be represented to be in a flourishing condition, with a membership of twenty-four.

Papers on the following topics have been read before the society, eliciting profitable discussion:

"Hydrate of Chloral," by A. Elblein, M.D.

"Amenorrhœa," by H. F. Edmundson, M. D.

"Cerebro-Spinal Meningitis," by the committee.
"Clinical Reports," by various members.

J. F. Cooper, M. D.
J. H. McClelland, M.D.
J. C. Burgher, M.D. } *Delegates.*
L. H. Willard, M.D.
C. P. Seip, M.D.

J. H. BUFFUM, M.D. *Secretary.*

HOMŒOPATHIC MEDICAL SOCIETY OF BERKS AND SCHUYLKILL COUNTIES.

This society holds meetings semi-annually (in April and October), and has a membership of fifteen.

During the sessions interesting and profitable papers have been presented and read, and discussions had thereon.

At the meeting held Oct. 29th, 1872, the following officers were elected to serve for the ensuing year:

President, . . . C. B. Dreher, M.D.
Vice-President, E. H. Spooner, M.D.
Secretary, ... S. R. Rittenhouse, M.D.
Treasurer, . . . F. W. Bower, M.D.

THE CUMBERLAND VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

Delegates—Wm. B. Reynolds, M.D., C. E. Smith, M.D., and Wm. H. Cook, M.D.

We have to report the same continued prosperity as heretofore. A condensed report of the proceedings of its last meeting will be found in the Hahnemannian Monthly for Aug. 1873.

The following are the officers of the society:

J. H. Marsden, M.D., *President.*
B. Bowman, M.D., *Vice-President.*
Wm. H. Cook, M.D., *Secretary and Treasurer.*

WM. H. COOK, *Secretary.*

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

The report from this society rendered at the last session of the State Society, spoke of the Society as not being in as prosperous condition as was desirable. The delegates from the society regret to have to report that the homœopathic physicians of Philadelphia, with a few notable exceptions, do not appear to take that degree of interest in the prosperity of the association as the community of interest would naturally lead one to expect.

Several papers have been read before the society since its last report, all of which, together with the discussions thereon, have been published in the *Hahnemannian Monthly*, the official organ of the body.

The society has been called to mourn the loss of one of its oldest and most eminent members, Dr. David James. The members took appropriate action on the death of their respected fellow member.

At a meeting of the society held Sept. 11th, 1873, Drs. R. J. McClatchey, P. Dudley, M. M. Walker, B. W. James and A. R. Thomas were appointed to represent the association at the meeting of the State Medical Society.

The officers of the Society are as follows:

President, . . . W. M. Williamson.
Vice-President, J. C. Morgan.
Secretary, ... R. J. McClatchey.
Treasurer, . . . A. H. Ashton.
Scribe, ... B. W. James.

Respectfully submitted,
R. J. McCLATCHEY,
Chairman of Delegation.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

This society has been in active operation during the past year.

Articles have been presented of great value by Dr. I. D. Johnson on the cure of Diabetes by Berberis's vulgaris, 30, after all other remedies tried by him had failed; and by Dr. Coates Preston, on the treatment of Intermittent Fever; which have been published in the *Hahnemannian Monthly*. And likewise an article by the same author, on the treatment of Dysentery by high potencies, reducing the time of treatment from two or three weeks to as many days, using Mercurius and Nux vomica chiefly; which article is also in print and well worth perusal.

All of which is respectfully submitted.

J. B. Wood,
Delegate.

HOMŒOPATHIC MEDICAL SOCIETY OF DAUPHIN COUNTY.

In presenting a report from this society we are compelled to acknowledge that we have but little of importance to communicate. Since the report made to the State Medical Society at its last meeting, this society has held regular and special meetings, at which the greater number of the members have been present, and participated in the proceedings. Papers have been read, by members appointed for the purpose, on subjects designated at a previous meeting: then followed discussions thereon, which added very greatly to the interest of the sessions. Particular cases, occurring in the practice of the members, were also reported, together with the treatment and results following, so that all might have the benefit of the experience thus brought before them.

All our members are ardent in their support of the peculiar

tenets of our medical creed; and we are happy to say that homœopathy is gaining favor rapidly within our borders.

On the whole, the past season was quite healthy, and this section of country has been free from epidemic disease. Diseases peculiar to the season and also to certain localities, have presented themselves, but not to such an extent as to call for any special notice, as there were no unusual features accompanying them.

It may not be amiss for us, as an evidence of the influence of homœopathy in our midst, to notice some occurrences which have taken place in this city within the last few months. A number of the members of the State Society may be aware of the fact, that within the last year efforts have been made to establish a hospital in Harrisburg. These efforts were finally successful. This was not the result of the action of any one class of our citizens, for subscriptions were received and solicited from all. It is true, that when applied to, some of the friends of homœopathy made the inquiry whether the homœopathic system of medicine would be recognized in the organization of the hospital; and as no assurance of this kind was given, hesitated or even declined to give. Notwithstanding, when the list of contributors is examined, it will be found that in proportion to their numbers in this neighborhood, the friends of homœopathy have contributed their full share.

The day announced as the time for the formal opening of the hospital arrived. A medical staff had been previously appointed, but not a single homœopathic physician was placed on it. The attention of the managers was called to this fact, and they were informed that homœopathic physicians would be willing to render their services gratuitously, as it was understood the other members of the medical profession were willing to do. A few hours before the opening services commenced the managers passed the following resolution.

"*Resolved*, That a case of homœopathic medicines be procured, at a cost not exceeding $100, so that if any of the

patients wish to be treated under that system, it may be done by a physician of that school."

This implied recognition of homœopathy had the surprising effect to cause the resignation of the entire corps of medical officers of the hospital within forty-eight hours. Their resignations were promptly accepted by the board of managers, and temporary appointments immediately made. Forthwith the allopathic Medical Society of Dauphin County was assembled, and almost unanimously resolved to sustain the action of their brethren, and to refuse to have any thing to do with the hospital unless all those who had resigned were re-elected and every system of practice but that of the "regular school" ignored.

In order that there might be no misunderstanding on the part of the homœopathic practitioners as to the position they occupied, they met at the call of the president of the society and adopted the following:

"*Whereas*, In the present deranged condition of affairs in the Harrisburg hospital it is difficult for us to take a proper course; and as we are unwilling to act except in an official capacity, therefore

"*Resolved*, That so long as there is no regularly appointed medical staff, if any member of this society should be called upon to attend patients in the Hospital, he shall be at liberty to do so; but so soon as a staff is appointed, no member shall be at liberty to do so unless appointed as a part of the staff of the Hospital."

This action was taken in order to show our willingness to render services if called upon, and at the same time to intimate that we claimed as a right to be placed on an equal footing, professionally, with the other medical officers of the Hospital.

In addition to the temporary appointments made at the time these proceedings were had, other appointments have been announced, which we suppose are intended to be permanent. No application has been made to any of the members of the

homœopathic profession for services; and no action has been taken by the board of managers, except the resolution passed at their meeting on the day the hospital was opened, tending to show that they have any disposition to make farther acknowledgments of the claims of homœopathy in the hospital. Personally we care nothing what course they may take; but when it is known and admitted that nearly one-half of the funds contributed to establish the hospital were received from homœopathists, we believe that justice demands that their claims should be fully recognized.

The arbitrary course of the allopaths met with general condemnation, and some of the leaders of the proscriptive movements are heartily sorry for their precipitate action, and ashamed of their own conduct. In common with homœopathists every where, we are opposed to such disgraceful exhibitions of selfishness on the part of a portion of the medical profession. While we differ from allopaths in regard to the method and principle of administering remedies to cure diseases, we do not refuse to acknowledge our indebtedness to them for much that is now known as medical science; nor are we so far forgetful of the rules of common politeness as to deny them the amenities due from those who claim to be gentlemen. A course, such as is almost invariably pursued by all allopathic towards homœopathic practitioners, seems to us to show plainly that the allopaths feel fully convinced that their old fogy notions are resting on sandy foundations, and will soon be undermined and swept away by the flood of homœopathic truth. Homœopathists are never fearful of meeting their allopathic brethren, knowing that their doctrines will bear the strictest scrutiny; while the course taken by the allopaths lead to the inevitable conclusion that they are afraid to submit their doctrines to the light thrown on medical science by the discoveries made during the last half century. Desiring to retain their alleged superiority, by adhering to obsolete ideas and fanciful theories, they oppose

all progress in medicine, loving to remain in darkness rather than come to the light, if it militates against them.

Having thus noticed such matters as have been brought before the notice of the members of our society, and in accordance with custom and law presented this paper as a report, while we should be glad that it would more fully come up to the requirements so properly stated by our worthy presisident in his opening address, and be more worthy of your consideration, we trust it will be received as an evidence that we are disposed to make some effort to advance the cause of homœopathy, and by so doing add to the happiness of mankind at large.

Respectfully submitted.

ISAAC LEFEVER, M.D.,
Secretary.

OFFICERS OF THE SOCIETY.

President, ... J. G. Wiestling, M.D.
Sec. and Treasurer, Isaac Lefever, M.D.
Delegate, ... Isaac Lefever, M.D.

HOMŒOPATHIC MEDICAL AND SURGICAL HOSPITAL AND DISPENSARY OF PITTSBURG, PA.

MEDICAL STAFF.	SURGICAL STAFF.
J. F. Cooper, M.D.	J. C. Burgher, M.D.
C. P. Seip, M.D.	L. H. Willard, M.D.
W. F. Edmundson, M.D.	J. H. McClelland, M.D.
C. F. Bingaman, M.D.	

The financial affairs, internal management and general condition of the Hospital are such as to inspire confidence in its permanent prosperity and enlarged usefulness.

In beneficiary work it stands peerless among similar institutions in our midst. Based upon universal benevolence and unbiased by sect or race, its doors have been always thrown open to those needing its care. Its charities have been dis-

pensed during the past year in the same impartial manner which has always been a leading feature in its management.

For information in reference to the number of patients under medical and surgical treatment during the year, their diseases or injuries, the percentage of mortality, the number of beneficiaries, the number of *free* prescriptions issued to out-door patients from the Dispensary, and other interesting information in this connection, we respectfully refer to the report and accompanying tabular statement of the Secretary of the Medical Board.

At the last session of the Legislature an additional appropriation of *ten thousand dollars* was made, to be applied in payment of the remaining debt of *five thousand dollars* on the real estate and the balance to be expended in repairing and refurnishing the Hospital, with the view to afford more ample accommodations. These projected improvements, when completed, will place the hospital in a better condition than ever before for carrying out the benevolent objects for which it was founded.

The great defect in the establishment of this, as with the majority of institutions of its kind is, that no provision was made for its future support. Instead of securing a fund sufficient to guarantee a steady and permanent revenue to meet the probable current expenses, we are compelled to rely on individual benefactions, which unfortunately are too apt to cease with the emergency which prompts their bestowal.

The committee take much pleasure in acknowledging their obligations to the Ladies' Hospital Association, for ther unwearied efforts in behalf of the sick inmates. This Association has become a potential auxiliary of the hospital, and an important factor in its beneficiary work.

THE MEDICAL BOARD.

The members of the Medical Board have shown commendable interest in the hospital and its inmates, by meeting according to appointment on the last Tuesday of each month

for purposes of conference and discussion relative to those committed to their care.

The proceedings of these meetings, with reports of interesting cases, have been published in the *Hahnemannian Monthly* of Philadelphia, for the benefit of the profession at large.

Each department of the Hospital has been faithfully served by the daily attendance of a member of each staff, and when occasion required, consultations of the whole Board have been called.

The apartments provided for private patients have been almost constantly occupied by persons requiring nursing and treatment such as could not be procured at their homes, and by those taken ill at their hotels or boarding-houses, who availed themselves of the excellent facilities afforded by the Hospital, in preference to remaining where they would of necessity be more or less neglected. These patients may, at their option, employ a physician of either school of practice.

The charity list, as heretofore, comprises the large majority of the patients, and are under the special patronage and care of the *Ladies Homœopathic Hospital Association*, whose good words and work are daily manifested in every ward of the institution, contributing greatly to the recovery of the suffering inmates.

Two hundred and fifteen of the patients were medical, sixty-nine surgical, and thirteen lying-in. There were eight births. The total treated during the year was three hundred and five, which makes 1421 patients treated in the Hospital wards since its organization.

The daily average of patients maintained was twenty-two, and the average time each patient remained in the Hospital was twenty-six days.

As regards the nationality of the patients, there were one hundred and thirteen Americans, sixty-six Irish, fifty Germans, forty-one English, and smaller numbers of the various other nationalties.

Of [illegible] inmates were women, and two-thirds men;

which is about the proportion observed in other institutions of the same character.

One hundred and ninety-five of the patients were Protestants, one hundred and six Catholics, and four were Israelites.

Over one-third of all the patients were between twenty and thirty years of age.

Nine of the patients were colored people.

There were seventeen deaths during the year, a mortality of five and one-half per cent.

The small death-rate will appear the more remarkable from the following inquiry into the causes: Five were from consumption, four of the persons had sustained mortal injuries and therefore not expected to recover when admitted; two had organic disease of the heart; two died of old age; one of congestive chill shortly after admission; one from ovarian tumor; one from typhoid, and one from typhus fever.

It will be observed that the number who died from what are known as curable diseases, is exceedingly small.

THE DISPENSARY DEPARTMENT.

The great work being accomplished by this department goes steadily forward.

The Dispensary staff has been increased, and in addition to prescribing for patients who are able to apply, and furnishing medicines, etc. those too ill to come to the Dispensary are visited at their homes. Thus the usefulness of the institution is much extended. There were about forty-five hundred prescriptions issued to the poor of the city and vicinity, free of charge, during the year, making a total issuance from the Dispensary of nearly twenty-four thousand prescriptions with medicines. Many of the cases applying were of a surgical character, and received every attention.

In closing this report, we would respectfully call attention to the tabular statements and general summary which accompany it, for concise information regarding the patients, their diseases and the results.

ABSTRACT OF CASES TREATED

DURING YEAR ENDING APRIL 1, 1873.

SURGICAL CASES.	Discharged Cured.	Discharged Improving.	Removed by Friends, &c	Died.	Remaining.	Total Treated.
Abscess,	8	.....	1	.....	.....	9
Amputation, Arm	1	.....	.....	.....	.....	1
" Leg,	1	.....	.....	.....	.....	1
" Hand,	1	.....	.....	.....	.....	1
Anthrax,	1	.....	.....	.....	.....	1
Burns, various parts,	2	.....	1	1	.....	4
Dislocation, Hip,	1	.....	.....	.....	.....	1
Erysipelas,	5	.....	.....	.....	.....	5
Epistaxis,	1	.....	.....	.....	.....	1
Fistula,	1	.....	.....	.....	.....	1
Fracture, Arm,	1	.....	.....	.....	.....	1
" Clavicle,	1	.....	.....	.....	.....	1
" Patella,	1	.....	.....	.....	.....	1
" Leg,	3	.....	.....	.....	1	4
Hernia, Scrotal,	.....	1	.....	.....	.....	1
Injuries, Head,	.....	.....	.....	1	.....	1
" Back,	2	.....	.....	.....	.....	2
" Chest,	1	.....	.....	.....	.....	1
" Elbow Joint,	1	.....	.....	.....	.....	1
" Hand,	1	.....	.....	.....	.....	1
" Side,	2	.....	.....	.....	.....	2
" Thigh,	.....	.....	.....	1	.....	1
" Knee,	1	.....	.....	.....	.....	1
" Leg,	1	.....	.....	.....	.....	1
" Neck,	1	.....	.....	.....	.....	1
Neuroma,	1	.....	.....	.....	.....	1
Ophthalmia,	3	.....	.....	.....	.....	3
Orchitis,	3	1	.....	.....	.....	4
Phymosis,	1	.....	.....	.....	.....	1
Prostatitis,	.....	2	.....	.....	.....	2
Sprains, Ankle,	2	.....	.....	.....	.....	2
" Wrist,	2	.....	.....	.....	.....	2
Syphilis,	1	2	1	.....	.....	4
Tumor, Ovarian,	.....	.....	.....	1	.....	1
" Thigh,	.....	1	.....	.....	.....	1
Ulcers, Chronic,	.....	1	.....	.....	.....	1
" Varicose,	2	.....	.....	.....	.....	2
Totals,	53	8	3	4	1	69

ABSTRACT OF CASES—CONTINUED.

MEDICAL CASES.	Discharged, Cured.	Discharged, Improving.	Removed by Friends, &c.	Died.	Remaining.	Total Treated.
Aphonia,	1	.....	.....	.....	.....	1
Alcoholismus,	6	1	1	.....	1	9
Anasarca, (from heart disease,)	.....	.....	1	1	.....	2
Asthma,	.....	1	.....	.....	1	2
Bronchitis,	7	1	1	.....	.....	9
Cholera Infantum,	1	.....	.....	.....	.....	1
Chorea,	1	.....	.....	.....	.....	1
Colic,	1	.....	.....	.....	.....	1
Congestive Chill,	.....	.....	.....	1	.....	1
Convulsions,	1	1	2	.....	.....	4
Debility,	1	.....	.....	.....	.....	1
Dentition,	2	.....	.....	.....	.....	2
Diarrhœa,	5	2	2	.....	.....	9
Diphtheria,	2	.....	.....	.....	.....	2
Dysentery,	4	.....	.....	.....	.....	4
Fever, Gastric,	15	1	.....	.....	1	17
" Intermittent,	28	2	1	.....	3	34
" Typhoid,	13	.....	.....	1	.....	14
" Typhus,	.....	.....	.....	1	.....	1
Gastritis,	3	2	.....	.....	.....	5
Hemorrhage,	2	.....	.....	.....	.....	2
Heart, Hypertrophy,	.....	.....	.....	1	.....	1
Influenza,	4	.....	.....	.....	.....	4
Liver, Hypertrophy,	.....	1	.....	.....	.....	1
Mental Disorders,	1	3	3	.....	.....	7
Neuralgia,	6	.....	.....	.....	.....	6
Paralysis,	.....	1	.....	.....	.....	1
" Senile,	.....	.....	.....	2	.....	2
Phthisis Pulmonalis,	1	1	1	5	1	9
Pleurisy,	6	.....	.....	.....	.....	6
Pneumonia,	7	2	.....	.....	1	10
Poisoning, Lead,	1	1	.....	.....	.....	2
Rheumatism,	13	2	2	.....	2	19
Tonsilitis,	.....	1	.....	.....	.....	1
Ulceration of Bowels, (moribund when admitted,)	.....	.....	.....	1	1	1
Uterine Diseases,	4	2	2	.....	.....	8
Various Diseases,	11	2	2	.....	1	16
Totals, Medical,	147	27	18	13	11	216
" Surgical,	53	8	3	4	1	69
" Lying-in Cases,	7	.....	3	.....	3	13
Births—7, of these	6	.....	.....	.....	1	7
Grand Totals,	213	35	24	17	16	305

GENERAL SUMMARY, 1872-73.

Patients remaining in Hospital April 1st, 1872,	23
" admitted during the year,	282
Total treated during the year,	305
Discharged during the year,	289
Remaining April 1st, 1873,	16

Daily average of patients maintained, 22
Average time of patients in Hospital, 26½ days.

The proportion Discharged, Cured, was	69.84	per cent.
" " " Improving, was	11.47	"
" " Removed by friends, and for various causes	7.87	"
" " Died,	5.57	"
" " Remaining,	5.25	"
	100.00	"

Of the whole number treated, there were:

COLOR—White,		296	
Colored,		9	—305
SEX—Male,		205	
Female,		100	—305
NATIONALITY—American,		113	
Irish,		60	
German,		50	
Welsh,		12	
English,		41	
Swiss,		11	
Swedish,		4	
French,		4	
Various,		10	—305
RELIGION—Protestant,		195	
Catholic,		106	
Israelite,		4	—305
PAY PATIENTS—Protestants,	54		
Catholic,	44		
Israelite,	2	—100	
CHARITY PATIENTS—Protestant,	125		
Catholic,	78		
Israelite,	2	—205	—305
AGES—Under 10 years of age,		12	
From 10 to 20 years of age,		32	
" 20 to 30 "		113	
" 30 to 40 "		82	
" 40 to 50 "		38	
" 50 to 60 "		20	
" 60 to 70 "		6	
" 70 to — "		2	—305
Whole number of patients treated since Hospital opened,			1,475

DISPENSARY DEPARTMENT.

Prescriptions issued during the year,	4,453
Whole number since Dispensary opened,	23,698

The Dispensary is open from 11 to 12 o'clock in the morning, and from 2 to 3 o'clock in the afternoon.

ANNUAL ADDRESS.

MODERN SURGERY.

BY L. H. WILLARD, M. D., ALLEGHENY CITY.

Since the beginning of the world each generation doubtless has thought that "We are the people!" and we of the present day are sure of it; and indeed of this age we do well to be proud. For ideas and thoughts, for study and research and experiment we are far in advance of the last century, and will, we doubt not, keep "rising on the stepping-stones of our dead selves to higher things."

The spirit of investigation is the spirit of the age; and though we have in many branches of surgery made important progress, we feel that we are only now approaching that for which Plato sought and fought. Instead of accepting all traditionary theories concerning Surgery, merely because they have been handed down as heir-looms from generation to generation, we now, as much as possible, are trying to bring theories to the test of practice, holding fast that which is good, all else rejecting. As the Lord Bishop of Gloucester and Bristol says: "With all their faults, men are now certainly seeking after truth. There may be misuses and misapprehensions of the real testimony of science, but amid all these is clearly a searching for truth."

In speaking of the Surgery of the Nineteenth Century, it is important that we revert to the past and notice its successive growth. That surgery is coeval with man there can be no doubt, for mankind since the fall has always been liable to accidents and injuries; therefore to relieve the pain and inconvenience therefrom resulting, the ingenuity and contriv-

ance of the sufferer and his friends has through thousands of years been greatly exercised. Surgery dates farther back than medicine, for in those times the treatment of disease was by incantations, astrology, charms and amulets. The thirty parts into which the body was figuratively divided were intrusted to as many different deities, and in case of sickness each spirit was by the physician called upon to cure its own peculiar portion, a practice not very unlike that in vogue at the present time among some of the barbarous tribes of the earth.

The ancient Egyptians were supposed to be the first who practiced surgery, though we have no particular evidence of this fact except that in the time of Joseph it was customary to embalm the dead, a practice which conveys the idea that they had some knowledge of surgery. The application of herbs to soothe and heal wounds has been attributed to Chiron, the centaur, but his fame is impaired by some who claim that Æsculapius, the son of Apollo, was the first surgeon. He is supposed to have been deified on account of his skill, fifty years previous to the Trojan war, B. C. 1192, and his temples used as the depository of all medical and surgical knowledge, including the writings of his predecessor Apollo, the God of Physic among the Greeks. As all knowledge we possess of that time is traditional, we have simply to rely on the imperfect history thus transmitted. The two sons of Æsculapius, Podalirius and Machaon, receiving the teaching from their father, accompanied Agamemnon to the Trojan war, where their services were highly eulogized and applauded, so that they occupy a conspicuous place among the heroes of the Iliad. Podalirius seemed to enjoy the distinction of being the first phlebotomist, and perhaps received more as his fee for his first operation (as it is recorded) than any surgeon since, having opened a vein in each arm of the King of Caria's daughter, who had been severely injured by a fall from the house-top, he was after her recovery rewarded with the hand of the fair princess, and presented with the Cherso-

nese as her dowry, by her munificent father. Machaon, though less fortunate, was more of a surgeon. He was thought to be invaluable by Achilles, and when wounded by Paris, was anxiously cared for, and his recovery hailed with gladness.

Their surgery seemed to be confined to the removal of darts and other missiles, with the stopping of hemorrhage by styptics and pressure. The poet of this time took notice of fractures, but it seemed they adopted the same practice with them as with disease, that is, invoking the aid of deities.

After the return of these sons of Æsculapius from the Trojan war, we find scarcely any mention of surgery for over six hundred years. The practice as taught was handed down from father to son in the line of the reputed descendants of Æsculapius, until Hippocrates, the fiftieth in lineal descent from the deified founder.

Contemporary with Hippocrates was Pythagoras, Democritus and Damocedes. They all by their zeal for study contributed greatly to the advance not only of surgery, but of medicine and philosophy. They were the thinkers of the age in which they lived, giants of a by-gone day. Pythagoras brought philosophy to bear on the practice of the healing art, and led the way to its being elevated to a science.

Democritus was the sage, wise beyond his time; a great philosopher, and at the same time a stoic, not mingling with the world, but holding himself aloof, and trying to find out the cause of all our ills. Dissection was not permitted at that time, for the touch of a dead body was interdicted as a profanation by both Greek and Jew, so this valiant sage, knowing that by it alone could accurate knowledge of the body be obtained, dissected animals. It is thus recorded that the people, thinking his secluded ways were caused by a demon, had Hippocrates come to see him, who found him in his garden dissecting animals, trying to find out the seat of melancholy. Damocedes, educated at the school of Crotona, was an honored practitioner of Athens. In the wars with

the Persians he was taken prisoner, and during his captivity treated successfully King Darius for a dislocated ankle, and cured the Queen Atossa of cancer of the breast. For these wonderful cures (wonderful at any time) he was loaded with wealth and honor.

The most prominent of them all, and in fact the most wonderful, was Hippocrates, born four hundred years before the Christian era. He did more for surgery and medicine than all who had preceded him, and it may be said, more than any one man since. He first by his knowledge tore away the superstition and absurdities which enshrouded the science, and in their places instituted treatment dependent upon observation and research. Although at this time anatomy was interdicted, he made many observations on disease which do not differ materially from those of writers of the present day. His surgery was bold and heroic; like all his contemporaries, he had great faith in burning. Sometimes he used a red-hot iron to the part, or raised a fire on it and of it, by dipping a piece of wood in boiling oil, or again, by burning a roll of flax upon the part. These were his counter-irritants, and they were powerful, and in this age not entirely obsolete. He gave rules for reducing dislocations for setting fractures and performing amputations, described tetanus and gangrene, used the ear for discovering fluids in the cavities of the chest, and in fact gave comprehensive views of surgical diseases. Thus during his life he by his zeal gave his country incalculable benefits, and when dead the Athenians erected temples to his memory, and crowned his altars with offerings. We may well say this was an immortal era. Never before or since have we had such deep thinkers. They were the mighty intellects of the past, for now, over two thousand years after, mankind is still reaping the fruits of their labors.

A century after Hippocrates, the Macedonian empire was, at the death of Alexander the Great, dismembered, and the seat of learning, so long resident among the islands of the Archipelago, was removed to Alexandria. When under the

protection of Ptolemy, all the arts and sciences were fostered, and the prejudices against dissection gave way; and human dissection was practised upon the bodies of criminals which were given to the schools for that purpose. Hierophilus and Erasistratus were the two great leaders of this Egyptian school, and their combined efforts were productive of a better insight of anatomy, which aided their followers of other lands, when dissections in after times were abolished. One of their followers, Ammonius, employed an instrument by which means he obviated the operation of lithotomy. This instrument is said to have been similar to that of Civiale, a surgeon of a far more recent time.

Soon the seat of empire was changed again, and Rome became the centre of learning. The fire had destroyed the greater part of the writings of the Alexandrian School, and for a time medicine and surgery were prostrate. Public edicts were issued discouraging all cures except those relying on traditional prescriptions and religious rites. Until the time of Celsus, Rome had no celebrated physician. He had policy enough to treat carefully the prejudices of the Romans, and in operations could substantiate his theories by attributing them to the old deified followers of Apollo. But notwithstanding all this his writings were invaluable.

From the time of Celsus to Galen there were no surgeons of note. The proud Romans discouraging this science, to its great detriment, until Galen, who had been educated at the Alexandrian School, commenced the practice of medicine and surgery in Rome; but soon he was banished, though finally recalled by Marcus Aurelius, and by his friendship was enabled to give to the public the result of his great labors, which were received and followed for a period of one thousand three hundred years. After the death of this great man, ignorance and barbarism prevailed, wars were frequent, the pen was forsaken for the sword, and literature was disgraced.

In the following century there were a few surgeons of note,

and some very able ones, but all adopted the writings of Celsus and Hippocrates, and the other surgeons who had preceded them. Among them was Paulus Ægineta of the Alexandrian school, who lived in the seventh century, and made great additions to medicine and surgery. He abandoned the labors of theory, and believed in practical results and experiences; was the first to open the trachea during the occlusion of the larynx, and originated the operation of embryotomy.

We have now passed over in succession the Egyptian, Greek and Roman empires, and arrive at the time when the Arabians became acquainted with medicine and surgery, (through the translation of the Greek authors), and gradually became the most noted for science. Or, to use Mr. Miller's words: "The seat of learning was again transferred for a time from beneath the shadow of the cross to the empire of the crescent; from the classic shores of Italy and Greece to the warlike followers of Mahomet and the fiery descendants of Ishmael." Their great translator, Honian, a Christian, born at Hira, performed immense work, and soon they established a college at Bagdad, under the care of Haroun al Raschid. Public hospitals were founded by him for the benefit of study, and it is said that no less than six thousand students repaired at one time to that place. eager to learn. Under this ruler's fostering care schools were prosperous, and medicine and surgery were re-established. From these Saracenic schools two noted men came forth, Rhazes and Avicenna. The former contributed works on surgery regarding cancers, and pronounced the knife of no use, cauterized the bite of rabid animals, then gave an emetic to expel the black bile. His anatomy was imperfect, he having had no opportunity for dissecting; the only time given to this was in Egypt, under Ptolemy. The Mahomedan religion forbade it, as one of the tenets of their religion is that the soul does not instantly forsake the body, but lingers in some particular

portion of it for some time after dissolution, so that to touch the dead body would have been hideous murder.

Avicanna, who was termed the Prince of Physicians, died in 1036, living after his compeer, and without a rival. In addition to those mentioned of the Arabians is Albucasis, who was celebrated a century later as a great surgeon. He invented the probang, and in wounds of the intestines practiced union of the parts by sutures, more than once with success. Such were the surgeons of the Saracenic school. All used fire to cauterize, and boiling pitch as a styptic. The Christian arms becoming powerful, this nation was compelled to forsake the halls of learning for the battle-field, and before an overwhelming force were driven from the region whose fields they had tilled and whose olives they had gathered for over a thousand years. Then followed a period when surgery and all sciences were draped in darkness, especially surgery, for by the edict of the Council of Tours, all persons were forbidden to cause the effusion of blood for the cure of any bodily ailment. Hence this science fell into the hands of charlatans; was again rescued and revived by Pitand, who in 1271 founded the College of Surgeons at Paris.

About the year 1450 printing was discovered. This gave a new impetus to literature, by rendering all knowledge more accessible. Still later the Turks overthrew the Eastern Empire, and the Christians fled, bringing with them many of the old Greek manuscripts, thus disseminating their contents over Europe. It was not until practitioners began to see that observations from nature were better than the old manuscripts that surgery was again revived, and then came Versalius, who published a book on anatomy, followed by Ambrose Pare in the sixteenth century, whose writings were voluminous. He was the hero of his time, the first to revive the use of the ligature for tying arteries. He in fact elevated his profession upon a sure foundation. Saved on the night of St. Bartholomew by the exertions of Charles IX., he afterward gave to

the world, as the result of his observation, a wealth of knowledge which makes his name immortal.

I will not prolong this history, already extended, I fear, beyond the limits of endurance, but merely mention the names of Petit and Dessault, with Wiseman of England, and the immortal Harvey, a name familiar to us all, of the seventeenth century, and last but not least, in the century preceding our own, Dr. Rush, who in 1791 established the first medical school in America, and hence our trans-Atlantic brethren term him the Hippocrates of Columbia. The nineteenth century is equal to any of the past in point of progress, and presents to us new wonders hitherto wrapped in profound darkness.

Among the important discoveries of the nineteenth century, ether and chloroform are (so far at least as our profession is concerned,) of the greatest importance. It is as old as Solomon, that "there is nothing new under the sun," but we, if not finding new things, are for the old ones discovering new uses. Within our reach, in rich abundance, Providence has placed substances suited to the countless ills of life, but man for himself must find out their power, efficacy and nature in order to use them aright.

The art of deadening pain is comparatively new; to be sure, ages ago people had some way of dulling the senses, rendering, for the moment only, the sufferings less acute; and this trifling diversion of pain was followed by renewed and aggravated discomfort.

Theodoric, in the thirteenth century, used a sponge impregnated with extract of Opium, Hemlock and Hyoscyamus. This was held to the nose until the patient fell asleep, when the operation was performed. Some would use Cannabis Indica, others pressure upon the principal nerves. In 1819 Wardrop of London proposed copious venesection, and operated successfully, but this practice was not adopted. Nitrous oxide was examined by Sir H. Davy, for anæsthetic purposes, but he considered it chimerical, and hence the old

means of powerful doses of Opium remained in vogue. Velpeau, in 1839, wrote: "To avoid pain in surgical operations, is a practice which is not allowable to pursue at the present day. The cutting instrument and pain in operative surgery are two things which never present themselves singly in the mind of the patient, and it becomes necessary for surgeons to admit the association."

So mankind was yet to suffer, with no hand to alleviate the pangs of an operation, until Dr. Wells tried the Nitrous oxide with success upon himself and patients, but failing before the class at the Massachusetts Hospital, he retreated in despair from the torrent of ridicule heaped upon him.

In 1844 Dr. Morton heard Dr. J. C. Warren in a lecture allude to the use of Ether as a preventive of pain. At or about the same time his attention was again called to it as a cerebral stimulant, and also as a great tooth-ache remedy. This being directly in the line of his profession (Dentist) it took firm hold of his mind.

Shortly after, having a patient suffering from tooth-ache, he applied to the cavity, a number of times in succession, Ether. Upon the introduction of the instrument to the previously most sensitive portion of the tooth, the patient exclaimed, "Doctor, I neither feel the instrument in the tooth, nor your hand on my face, though I plainly see them in the glass." Dr. Morton, in relating this incident said, "Like a grasp of steel this idea seized me, that if the influence of Ether could be diffused over the system, the pain of surgical operations might be obviated." But how to accomplish this was the question; to immerse the whole body was obviously impossible.

From that day Dr. Morton was given over to the study (so to speak) of Ether. Everything pertaining to it he eagerly sought after and treasured in his mind. That Ether ranked as a poison he knew; of this there were several illustrations. It had both by experiment and through its accidental inhalation, destroyed life, human as well as animal. Medical pro-

fessors in this country and in Europe forbade their students to take it for either experiment or amusement. Dr. Morton kept on administering it to animals, but death almost always resulted. From medical text-books he learned that Ether diluted with atmospheric air, could with less danger be used. With this idea he made careful trials, himself inhaling the vapor, which he found caused pain in the head and other discomforts. Afterwards, in 1846, he ascertained that on the contrary pure Ether causes more perfect unconsciousness, and was in its after effects less pernicious. When of this he was fully and firmy convinced, he communicated his faith and hopes to two or three of his friends. In his first verification he was both operator and subject. This in the following words he describes: (This article is taken from his memoirs to the Academy of Arts and Sciences at Paris, presented by M. Arago.) "Taking the tube and flask, and seating myself in the operating chair, I commenced inhaling. I found the Ether so strong that it partially suffocated me, but produced no decided effect. I then saturated my handkerchief, and inhaled from that. I looked at my watch, and soon lost consciousness; as I recovered I felt a numbness in my limbs, with a sensation like nightmare, and I would have given the world for some one to come and arouse me. I thought for a moment I should die in that state, and the world would only pity or ridicule my folly. At length I felt a slight tingling of blood in the end of my third finger, and made an effort to touch it with my thumb, but without success; at a second effort I touched it, but there seemed to be no sensation. I gradually raised my arm and pinched my thighs, but I could perceive that sensation was imperfect. I attempted to rise from my chair, but fell back. Gradually I regained power over my limbs, and full consciousness. I immediately looked at my watch, and found that I had been insensible between seven and eight minutes. Delighted with the success of my experiment, I immediately announced the result to persons employed in my establishment, and waited patiently for some

one upon whom I could make a fuller trial." On the evening of the same day the wished for person came, a man suffering severe tooth-ache, and wishing to have the tooth extracted; of Dr. M. he timidly inquired if he could mesmerize. "I did not exactly tell him that I could, neither did I say that I could not," said Dr. M. in relating the incident, "for I was very anxious for a patient." Saturating with Ether his handkerchief, Dr. M. gave it to the patient, telling him to breathe upon it; without hesitation he obeyed, and at once became unconscious. Just as a large tooth came out the man turned as white as a sheet, and fell from the chair to the floor. "I never saw a body with breath in it look more like a corpse," says Dr. M. A great dread seized his heart lest he might have sent to eternity that soul. Time seemed to stand still, and fearfully he (Dr. Morton) seized the man by his collar, raised him at arms' length, apparently lifeless, then letting him go, the patient dropped into a chair. When circulation started, and color stole into his face, at once he shouted "Glory!" and says Dr. M., "I wanted to cry 'Glory, Hallelujah' with him. There was not a dry thread on me, I had been so thoroughly frightened. This was in 1846." After this he (Dr. M.) etherized a patient of Dr. Warren's, in the presence of a throng of astonished spectators. In common with all discoverers, inventors and reformers, he met with continued opposition and discouragement, and the discovery which has so lightened the sufferings of others served only to increase his own.

It is a coincidence worthy of remark, that in less than twenty-four hours after Dr. Morton had satisfactorily demonstrated the efficacy of his anæsthetic, Sir Benjamin Brodie, lecturing at St. George's Hospital, said, "There is no greater desideratum in surgery and medicine than the allaying of bodily pain," but thought any such attainment very doubtful. The news of this very potent anæsthetic had no sooner been wafted across the Atlantic than Dr. Simpson of Edinburgh, by a series of experiments partly made with a view to test

this discovery of Morton's, established the fact that the substance known as Chloroform had also anæsthetic properties as powerful as Ether.

Thus these two men, by their discoveries, have given lustre to the nineteenth century, and conferred on man a lasting blessing, and although both have gone to rest, they leave behind a debt of gratitude which the world can never repay. With this great help to modern surgery, a new era has been established; the afflicted ones have the great dread of pain removed. No more do we see their excruciating torture or writhings, or hear their shrieks on the operating table

When we look back at the past, and think of the great torture that attended even the amputation of a limb, we cannot but feel thankful for the improvements of the present century. Let us examine for a moment the armamentarium of the surgeon of those times. There was a large unwieldy saw, several knives, and it may be a rude compress, or a cord tied above the part to be amputated. Near at hand was a vessel of boiling pitch or tar, or if not this, a flat piece of iron in the furnace, heated to white heat. These simple but torturous implements, together with a full corps of surgeons, constituted the preparation for the dreadful work. The patient was securely bound, or held by assistants, and the surgeon with his knife and saw cut the flesh and sawed off the bone in as hasty a manner as possible; then as quickly as they could the boiling pitch or tar was applied, or sometimes the flat piece of heated iron used, burning the flesh and thus stopping the hemorrhage. Of course inflammation ensued in one or two days, if the patient survived the operation. Poultices were then applied to bring away this burnt mass. If the patient passed through this stage without secondary hemorrhage, which sometimes, and in fact very often occurred, a salve was used to heal the part, after which the bone that had become exposed was again sawed off, and the patient was pronounced well. But improvements were made on this plan of arresting hemorrhage, as soon as the arteries were found

to contain blood instead of air, and veins were known to carry blood to the heart instead of away from it. Ligatures now came into use. The talented Ambrose Pare was the first to make their use popular. Cauterizing was abolished, and the surgeon was careful to make what is called flaps, cuffs, etc. so that the divided bone should be covered by the soft parts, ligating the arteries, and thus preventing hemorrhage, enabling him to be more careful of the fleshy tissues; and in this way a great reformation was accomplished.

Let us look for a moment at the surgeon of the present day. We do not see such a great display of murderous implements; these are out of sight in some adjoining room. He does not wish to shock the feelings of the patient, for the surgeon of the present day is shorn of the olden time roughness, and has a feeling for his fellow-being. With a simple anæsthetic in the hands of an assistant, the work begins, the patient inhales this sweet composer, the pulse is watched, as is also the breathing. Soon the pulse quickens, then gets slower, but the surgeon loses not a beat; should it get down slower than in health he stops the anæsthetic, and allows pure air to enter the lungs; in a short time the limb which was rigid is now limp and flaccid; sensibility is lost, and he sleeps as if dead, lost to all external impressions.

Now the instruments are brought in and present a formidable array, for there are implements for everything; here are long delicate knives, and short stout ones; here is a finely tempered saw, and a tenaculum to catch the arteries and ligatures to tie them; here is thread and needles and sponge, and bone-forceps to trim off the end of the bone. Having placed the instruments within reach, the surgeon, with a few dexterous movements, accomplishes the work, the bone having been sawed off, the arteries tied, the flaps approximated and sewed together, the stump neatly done up in a bandage, and before the patient is wide awake he is on a clean bed, having suffered no pain—perhaps he has been dreaming pleasant dreams.

Surgeons are proud of this achievement, and just so proud were the ancients of their work; to it they thought there was no *ne plus ultra.* Do our surgeons of the present day think this? No. They know there is much to be done yet, that the field is still open, and although this operation may be considered almost complete, conservative surgery reveals new wonders to the world and shows its divine blessings, for, instead of amputation, resection or excision may be performed, and the limb saved which otherwise would be lost. This is one of the triumphs of the present day. The reparative power of the system was so little known in the past, that to attempt the saving of a limb would have been considered hazardous and foolish, when now it is considered wrong to amputate without first trying to save the limb. In former times, when the shaft of a long bone was shattered, nothing was thought of but its removal. The surgeon did not then know that as soon as an accident to any portion of the bony system occurs, nature begins her wondrous and beautiful work, first to remove all loose particles not wanted, then to bring to the part material necessary for the repair of the injured member or organ, and thus in numerous cases giving to the system that vital material necessary for a complete cure. The power of nature is not understood at the present time with any degree of certainty; doubts are often expressed as to the reparative power of the osseous as well as of the muscular system. This clinging to the traditional opinions of the past retards the progress of the present. There is no doubt that in the future, when the laws that govern the system shall be revealed, and each and every vessel's functions are understood, amputations will be less in number than they are at present.

In 1762 Mr. Filkin, rather than amputate, conceived the idea of making what is commonly called a resection. His patient had suffered a severe injury of the knee; surgeons in consultations pronounced amputation necessary, but he, with an earnest desire to save his patient's limb, and knowing for-

tunately more than they of Nature's repair of the bony system, having by a series of carefully conducted experiments on the lower animals, discovered that a bone sawed off at its articulations would make again a joint, not so good as the natural one, but one that was strong and useful. Instead of amputating, he sawed off the head of the bone at the knee-joint, put the leg in splints, and in a comparatively short time the wound had healed, and the patient had a good and useful limb, the only defect remaining being a slight shortening. This operation was considered by his contemporaries as cruel and reckless, notwithstanding its success.

In 1782 Mr. Parks also resected and saved a limb, the operation being as successful as was that of Mr. Filkins, but the public mind, to a great extent, was prejudiced against it, and little was heard of resection until the present century, when a great impetus was given it by the French surgeons Larrey, Percy and others; following in their course, came Syme and Liston who, by their wonderful successes in resection, made this operation popular in England. At the present time it is considered by every surgeon his duty first to try, if possible, to save the limbs of his patients, and if this fails then to amputate. From conservative modes of treatment we have upon record cases where the jaw has been successfully removed, the humerus and bones of the fore-arm, portion of the femur, the tibia and fibula, with the bones of the foot. To the skill and good judgment of the surgeons, and by their care and watchfulness for their patients' welfare, together with an earnest desire to promote and elevate the standard of science, the community is indebted for these great benefits. And here I may say, although I approach the subject with fear that I may be misunderstood, that surgeons have not sufficient protection by our laws. Accidents such as fractures, gunshot wounds, etc. are at the present day frequently occurring among the poorer class of people, that is, in the majority of cases. Now, as sometimes happens, when a deed of charity is done by the surgeon in saving a limb which would other-

wise have been amputated, should it not be as useful as the sound one, or should a rival whisper in the patient's ear, a suit for damages is brought to the notice of the astonished surgical attendant. The case comes before our courts, not before a set of men capable of judging of the merits of the case, but before the laity, who are guided in many instances by the need of the plaintiff, and totally disregarding justice and equity, give damages to the prosecutor; thus sapping the good endeavors of the surgeons, and perhaps making him like those of old, and content to follow in their footsteps. What the surgeon should have is no more than the laws of our country give to all, that is justice, trials by our peers. It is certainly no more than right that the best endeavors of a body of men such as the surgeons of the present day, should be protected from those who, actuated by a desire for black-mail, may predispose the surgeon when called upon to attend a case of doubtful character, to leave the patient in his misery.

The laws of this State have been so modified of late that a surgeon can now testify in his own behalf. This to some extent relieves the injustice of former times, when his testimony was rejected, and he was forced to rely on the evidence of his friends.

Although a surgeon cannot expect always to sail upon a summer's sea of success, where adverse winds shall never assail him, he has the right to insist that what is not his fault shall not be charged to the damage of his reputation or estate. Nature has the sole mastery over her own laws and their operations, and although she permits man at times to modify and alter to some extent, she never permits him to usurp authority in her domain. Hence the various deformities following fractures, not so frequent now as of old, are not always the effect of human interference, but oftener the result of nature's imperfect reparation, for there are points beyond which she ceases to maintain her integrity, and a species of provisional repair is all she manifests of her recupe-

rative power, and the right to judge and determine whether a wrong or injury has been perpetrated is entirely out of the reach of any but those acquainted with nature's laws.

After this deviation from our subject we will turn to one which has a close relation to that last under consideration, and a rival in its relation to the well-being of the human race. Orthopedic surgery, by its power of remedying deformities, has attained for itself a place among the specialties. This branch of surgery, which in former times suffered from neglect, is now being exalted, as the numerous institutions of both England and this country show. No less than 12,000 patients received treatment in the Royal Orthopedic Hopital between the years of 1840 and 1850, and it has been computed that no less than 10,000 received treatment at the various orthopedic institutions of England during one year, thus showing the nation's noble generosity and welcome response to the efforts put forth by Dr. Little, who was himself a sufferer from club-foot, and who, having resorted to Stromeyer of Germany, was cured, and upon his return to England, as if grateful for the relief obtained, originated the first orthopedic hospital in England, and by his constant and untiring efforts has contributed to his native country a boon of inestimable value.

The United States, as if awakening from their indifference to this class of deformities, has of late made rapid strides in this direction, and the various institutions of New York and Philadelphia amply illustrate that our citizens are not deaf to the call of charity.

Not wishing to deprive past surgery of any honor, we acknowledge that the ancients had their rules and mode of treatment for these deformities. We find in Hippocrates' works on the articulations a sketch of Talipes, with its accompanying symptoms and mode of treatment, which differs in regard to the manner of dividing tendons as practiced at the present time. His plan was to divide all structures and make an external wound, leaving the incision to heal by the granulating process.

Very little worthy of mention was done to promote this important branch of surgery until the lapse of many centuries, when Andry of Paris collected and put in book form all the scattered information on Orthœopy.

Venel, in 1780, corrected the work of the previous writer, and gave it definite boundaries, confining it to its proper sphere, and stripping it of all matter foreign to the science, thus making it a specialty, when it began to enlist the interest of practitioners and the sympathies of the public. But it was only during the present century that surgeons began to comprehend the viability of tendons, and to understand their growth and repair. From time immemorial it had been the custom to divide a tendon by cutting through all structures to correct the deformity. Mention is made of an operation by Thilenius, who in 1774 divided the tendo Achilles in a young girl seventeen years of age. The patient made a happy recovery and the operation proved a success. Again, in 1806, Sartorius operated on the son of Martin Oust, by making an incision four inches in length through the skin over the tendon, then dividing the tendon transversely. This operation was comparatively successful. In 1809 Michillis operated in the same manner, with the exception of entirely dividing the tendon; he only partly divided it, and ruptured the remaining portion. In this manner all operations were performed; some were successful, others, which constituted a large majority, inflamed and suppurated, producing in the end vicious cicatrices which not only made future operations useless, but rendered the deformity greater.

In 1819 Delpech, recognising in the errors of the past that the fault consisted in the open wound, and that a subcutaneous one would heal in a few days if no air entered, conceived the idea of making a wound through the integument remote from the tendon, and through this opening with a slender knife dividing the tendon subcutaneously. His operation was successful, but so indifferent were the surgeons of that time to this truly great improvement, that it was not until the world-

renowned Stromeyer, of Germany, resurrected and established on a firm basis this operation of Delpech, which had then been lying dormant for fifteen years, that it obtained favor in their sight.

Next the attention of the English surgeons was called to it by the enthusiasm and zeal of Dr. Little. Soon Dr. Detmold, a student of Stromeyer, introduced it in New York, aided by the late lamented Mott, who gave countenance to the work. By their united efforts they have made it as it should be—an important branch of surgery. But to Stromeyer is due the credit of having illustrated to the profession at large this great and important fact, that tendons and muscles may be divided subcutaneously; and since this achievement has become a fixed law, all nations have reaped the benefit, and suffering humanity has sought relief and found freedom from its lamentable deformities.

The various improvements in the treatment of dislocations are of such importance that they cannot be passed by without comment. The paraphernalia of ropes, pulleys and blocks, as used in the past, are fast becoming obsolete, and only in extreme cases are they used, being thought by some to indicate a want of knowledge regarding the nature of the accident. To the surgeons who understand the true anatomy of a joint with all its muscles, tendons and ligaments, a reduction by manipulation is comparatively easy. This manner of reduction, consisting of a series of movements by which the misplaced bone is returned to its natural position, is of recent date, and can be properly classed among those improvements which have had their birth in a thorough knowledge of anatomy practically applied.

There is no doubt but that a good knowledge of anatomy has been the property of almost all surgeons for the past two or three centuries, but to make this knowledge available a more careful study of the various movements of joints, their tendons and ligaments, was necessary before a result so satisfactory as that obtained at present could be accomplished.

The human skeleton, with its varied and marvellous construction, is a study not yet exhausted, but as time advances, little by little its wonders are revealed. Looking with the eye of a mechanic at the human framework and keeping in view its anatomical structures, the surgeons of the present day have made the discovery that in dislocation the return of the bone to its natural position is not owing to the contraction of the muscles, but to the indirect action of muscles put upon the stretch by malposition. This is the theory of Sir Philip Crampton who, in 1833, reduced a dislocation of the shoulder by manipulation. It was also the theory of Dr. Smith of Baltimore and of Dr. Reed of Rochester. Dr. Smith gave in his lectures rules for the reduction of dislocations by manipulation, but it was reserved for Dr. Reed to make careful dissections of all structures around the joint, and from these, with observations on the various misplacements occurring, to give to the public the benefit of his labors.

It cannot be disputed that Hippocrates in his writings gave some definite rules concerning this class of accidents, and others have written about modes of reduction similar to those practiced at the present day, and many of the present-day surgeons forget or neglect to give due credit; but if such is the case, this discarding of the past may have a deeper significance, and perhaps implies some procedure of serious danger, in consequence of which it has from time to time lapsed into desuetude, and finally into complete oblivion.

In speaking of fractures it is only necessary to say that here, as in all other provinces of surgery, the present practice shows its superiority, and has kept pace with the march of improvement. By a careful study of the physiological as well as natural functions of muscles and bones, we have been enabled to give to sufferers from fractures comforts which in former times were utterly impossible.

It is not my desire to review all branches pertaining to the surgery of the present century, but will, in concluding this synopsis of the different departments, speak of that blessing

which affects us all, namely, sight. It cannot be disputed that for the last fifty years, since diseases of the eye have become a specialty, there has been more improvement made than for centuries before. Blindness is one of the greatest calamities that can befal any one, and to be able to remove this great affliction must be considered, in its relation to the human race, one of the greatest triumphs of the present day. As if the diseases of the eye were of not much importance, this department passed into the hands of the charlatans, and by their bad treatment many became blind who by judicious medication could have retained their natural sight. We read in the annals of Tacitus how Vespasian, about to depart from Egypt to be crowned Emperor of Rome, was asked by a blind man to heal his sight, the blind man, thinking like many others, that Vespasian had divine power. But Vespasian consulted his physician, who told him a removal of the film which obstructed the eye would give his suppliant sight. After the physician had operated, Vespasian touched the eye and the blind man saw. This was about seventy years after Christ. In comparing the writings which have been handed down from generation to generation, we find that Egypt at this time was celebrated for its oculists, and Herodotus makes mention that Cyrus sent to Amasis, the King of Egypt, for an oculist, giving preference to the Egyptians. In this manner we learn that the eye was treated by special surgeons, that is, they were skilled in the manual of operating, not the anatomy or physiology, but merely in performing the mechanical part. The Greeks, Romans and Arabians were comparatively ignorant of anatomy, and hence were guided by the external symptoms, which made them close observers, and their rules for operating for cataract, although they were unacquainted with its cause or seat, have been the same for over one thousand years, as the writings of Celsus show. It is a fact which surprises us that this branch of surgery, from the time of the earliest writers to the close of the eighteenth century, did not advance; the same rules that were practiced

in operating, and the previous and after treatment were, with very little variation, the same. Even after the anatomy and physiology of the eye were better understood, we find no advance, and a science which does not advance always retrogrades, so that instead of this interesting and important branch of surgery being in the hands of capable and efficient men, we find that in all those years from the downfall of the Roman Empire to the seventeenth century, this noble and magnanimous art was in the hands of empirics, who not only practiced upon the cupidity of the people, but ruined by their washes and salves many of their patients's eyes beyond recovery. The first writer of modern times upon this subject was Zinn, who gave the anatomy of the eye, followed by Soemmering, who added a most perfect description of the same, but all failed to give any definite idea of the diseased state or its pathology, until Boerhaave published his *De Morbis Oculorum*, a book which is now considered of little value.

After this writer came others, until Richter published his valuable works, and then followed the Austrians, who by having established the first ophthalmic school in Europe, are entitled to the credit of advancing and making prominent this neglected part of surgery.

The establishment mentioned was organized by Joseph Barth, of Maltba, who had repaired to Vienna for the study of anatomy and surgery, but his attention being attracted by so many persons in a state of hopeless blindness, he made the eye his special study, and by his proficiency in the treatment of the same, attracted the attention of the different professors of the College, and in 1773 they appointed him Lecturer on Ophthalmic Surgery.

Time will not permit to record the various countries which have originated schools and institutions for the cure and relief of sufferers, who number thousands, but we know that many institutions are doing their share in this charity, and the community are reaping the beneficial results.

This address would be incomplete without the name of the late Prof. Von Graefe, who by his acts and teachings has contributed more to the improvement of ophthalmic surgery than any of his predecessors since the beginning of the Christian era;—a man gifted with great perseverance, and a thorough student, devoting his time to the benefit of mankind; and although his term of life was short, still he left behind him a lasting monument of labors never excelled. This great era of improvement in treating diseases of the eye, has taken its progress from the invention of the ophthalmoscope, by Prof. Helmholtz, and to him Von Graefe was indebted for a valuable aid which led to such noble results.

The ophthalmoscope is the mirror whereby the surgeon is enabled to examine the interior of the eye, and as its discovery is of recent date, perhaps it would not be amiss to give a short account of the principle on which it was invented. All have at different times noticed the pupils of the eyes of our domestic animals light up suddenly, appearing of a light color, or as some say, glaring at one out of the dark or twilight; this is also noticed in the human eye, especially in the young when the pupils are large, and as the pupils of the eyes when looking at them are always of a dark color, this lighting up was considered for a long time a startling phenomenon. But Travernus says: "this lighting up comes from the interior of the eye, and is seen more particularly when the person or animal is enraged." Aristotle in his writings attributed it to phosphorus, and again Buffon attributed it to the sunlight which the eye drinks in by day and streams out by night. Canstatt thought he had settled the question when he showed that the color of the pupil was owing to the black pigment lining the interior of the eye, and accepted the theory of Aristotle, that the glaring pupil seen at night or in the dark was owing to phosphorescence.

In this manner many theories were advanced, until 1810, when Prevost published his researches on the subject (having made the observation on living cats), totally destroyed the

phosphorescent theory, attributing it to reflected light, and consequently neither depending on the will or a state of excitement, thus getting at the right theory; and on these facts the ophthalmoscope was discovered. The first accidental use of the principle upon which the instrument is made was this: Dr. Von Erlach, of Berlin, was sitting one evening in the corner of a sofa engaged in conversation with a friend in the other corner. They were looking toward each other, and a lighted candle was on the table in front of them. Suddenly Von Erlach saw the pupil of his friend's eye become a bright red instead of black, and noticed that it occurred when the reflection from the glass in the spectacles he wore was thrown on his friend's face. His friend put on the glasses, and also perceived the same effect in Von Erlach's eyes. A short time after this, Helmholtz hearing Von Erlach describe this phenomenon, studied the rays of light entering and leaving the eye, thereby inventing the ophthalmoscope. By this instrument the exact conditon of the interior of the eye is shown, whether in a normal or diseased state, thus enabling the surgeon to treat in a satisfactory manner all those diseases affecting the interior of the eye, which from the beginning of the world had been treated empirically. Von Graefe, whom I have already mentioned, has, with the aid of the ophthalmoscope, given to the nineteenth century a gift of inestimable value, for by his careful study of Glaucoma (a disease which has blinded thousands), he found and illustrated that the fatal effects of this disease were due to the intraocular pressure, or that the substance in the posterior part of the eye pressed upon the nerves and vessels, which being diseased enlarged the eye, and produced that tension and hardness of the eyeball seen in Glaucoma. To remedy this, he performed what is called Iridectomy, which gave the relief from suffering that could be thoroughly appreciated only by those unfortunate patients who are afflicted, and by those who have the happiness thus to befriend them.

We have now passed and noticed in review some of the most important achievements and discoveries of the present cen-

tury, from which we take bright promises for the future, and learn lessons whereon to reflect. The history of surgery reveals the never forgotten truth that mankind is full of bigotry and prejudice. By man innovations are generally hailed first with ridicule, then with contempt, and not until we adopt new notions as our own do we seem to entertain a proper respect for them. We now receive, and greatly depend upon, theories and opinions which in their incipiency were considered unworthy of respect. Most of the improvements which have been noticed had in their infancy perils to encounter which required all the means, and, in some cases, the very lives of their originators, to become sturdy with the vigor of adult life. The surgery of modern times has not the same difficulties to encounter which attended ancient surgery. A more diffused intelligence makes the progress of the present less difficult, and the desire to find out Nature's laws has brought about a more elevating tone among the thinking world. I would be a traitor to the cause were I to omit the important fact that medicines are found in many cases more efficacious than the knife, and this is being daily illustrated. The signal results of the application of homœopathic remedies have given to man untold benefits, and the surgery of the present day, though abounding in brilliant and wonderful operative skill, has a conservative element which needs only the fostering care and protection of the public to produce an era more important than any of the past. The giving no heed to the opinions of others, because of animosity, says Herbert Spencer, is fatal to a just estimate of either party by the other. Each combatant seeing clearly his own aspect of the question, has charged his opponent with stupidity or dishonesty in not seeing the same aspect of it, while each has wanted the candor to go to his opponent's side, and find out how it was he saw things so differently. In proportion as we love truth more and victory less, we shall become anxious to know what it is which leads our opponents to think as they do, and we shall aim to supplement the portion of truth we have found with the portion found by them.

Bureau of Clinical Medicine and Zymoses.

A BRIEF HISTORY OF THE DIARRHŒA EPIDEMIC AS IT PREVAILED IN HARRISBURG DURING THE WINTER OF 1872.

BY M. FRIESE, M. D., HARRISBURG.

In former years this community was famous for its ability to make people shake with ague, but after it became a railroad centre, and had built numerous furnaces and iron works of all descriptions, the atmosphere seemed to become relieved of its miasmatic taints, and intermittent fever became less prevalent. In the summer of 1870, however, this fever again prevailed to such an extent as to make it apparent that malaria was again at work.

During the winter following this onset of ague, I noticed a number of cases of diarrhœa having a peculiar set of symptoms, quite unlike those of ordinary summer diarrhœa; but the disease did not assume a positively epidemic form, and passed off with the incoming of spring, without attracting the attention of either physicians or patients as being anything more than a casual occurrence.

During the summer of 1871 intermittent fever prevailed to a very great extent, almost every family in the city and its environs having one or more of its members affected with it. The disease commenced in the month of April and continued until December. We ascribed the cause to malarious influ-

ences, engendered perhaps by the extreme lowness of the water in the Susquehanna river, thus allowing the sun to act upon and decompose a large amount of vegetable matter with which its banks were loaded.

It is not in the province of this paper to touch upon the treatment of this fever, but I can assure you that both the homœopathic and allopathic arts were sorely tried, and the autumn frosts were anxiously awaited to help abate the malady. As winter approached the fever subsided, but in its stead came the diarrhœa which was so much talked of and feared all over the State. Many were the speculations as to its cause, but none of the theories promulgated seemed to survive the test of experimental investigation, except that of zymotic origin. From the manner in which the disease approached us, as well as from its symptoms, I think there can be no doubt that it was caused by the malaria which had produced the intermittent fever preceding it.

The idea that the river water used here was the cause of the disease, I think is exploded by the fact that persons who did not drink the water were as readily affected by it as those who drank it in moderation. A careful analysis failed to discover any impurity in the water.

The symptoms of the disease were about as follows: A great deal of meteorism and pain were present in all cases. If a pot of yeast had been placed in the stomach there could scarcely have been more of gas and fermentation. The dejections from the bowels were often frequent and debilitating, and usually of a frothy character. As to color, there was considerable difference—yellow, green, white or mixed, in different cases. Vomiting was present in some cases, and thirst was a very annoying symptom with a large majority of patients. None of the symptoms yielded readily to treatment, and the least indiscretion in eating or drinking would cause a relapse.

The disease was peculiar in its weakening influence upon the stomach and bowels. Persons who could previously eat

and drink with impunity, were obliged to exercise great care in this respect for a year or more subsequent to an attack of the diarrhœa.

The remedies which proved most efficacious in my hands were Arsen., China, Camphor, Carb. veg., Cuprum met., Ipecac., Lycopodium, Nux vom., Phos. ac., Secale corn. and Veratrum alb. The most characteristic of these were China, Carb. veg., Ipecac. and Lycopodium, as they represented most correctly those fermentative symptoms. Some cases went into a state of collapse similar to that of cholera. In these, Camphor did good service until reaction came on; then Veratrum alb. or Cuprum met. generally completed the cure.

I had one case of this kind which may be of sufficient importance to merit a brief description here. Mrs. H., a poor married woman, was attacked with the diarrhœa some three weeks previous to an expected confinement. Her means of support being limited, she endeavored to combat the disease with domestic remedies, until she became alarmed about her condition. A few days previous to parturition, I was called to see her, and found her very much reduced in strength. I prescribed Arsen. ^{30} on account of an intense thirst, dry tongue, and dark, liquid and offensive discharges from the bowels. She however went into collapse very speedily, and on the morning of the day of her confinement her symptoms were, cold skin, blue surface, sunken eyes and countenance, almost imperceptible pulse, hoarse voice, difficult and anxious respiration, occasional efforts at vomiting, and small, frequent, dark and offensive diarrhœic stools.

I commenced treatment with Camphor, pellets saturated with strong tincture, every fifteen minutes, and small quantities of beef-tea. She gradually reacted until the surface became warm, and her pulse was much improved. Artificial heat was also used to help in the reaction; but she continued to have some cramps in various parts of the body (a symptom which I omitted to state), for which I gave Veratrum alb., and afterwards Cuprum met.

Being very busy at the time, I did not see her for three hours during the afternoon. When I returned, I found she had given birth to a still-born child; a doctor having been called in from the street, in passing, to attend to the removal of the placenta. She made a good recovery, but was obliged to remain in bed somewhat longer than is usual for ordinary parturients.

I had other cases which ran into this low state, all of which recovered but one. This patient I was first called to visit about three hours previous to his death. He was then delirious, and, in my estimation, beyond the reach of medical treatment.

The dilutions used by me during this epidemic ranged from the 3d to the 200th. I am a believer in the doctrine that all persons are not alike susceptible to drugs and therefore require different potencies.

I intended to make a report on this subject at the last session of this Society, but bad health prevented it. I hope it may not be too late to interest and if possible benefit some of our number.

CASES FROM PRACTICE.

BY WM. R. CHILDS, M. D., PITTSBURG.

I. Mr. J. F., æt. 35. Sanguine nervous temperament. Had suffered from chronic diarrhœa for over two years, during which time he had been under allopathic treatment, having taken the usual blue-mass, quinine, opium, whisky, nitric acid, bismuth, and in fact exhausted nearly all the resources of the allopathic armamentarium medicum. Spent one season at the Sulphur Springs, in Virginia, with no relief. His appetite during his illness was very voracious, always being ready for his meals; yet he became so emaciated and feeble that it was with difficulty he was able to attend

to his business, which required him to be in the open air a great deal.

The desire for stool came on the first thing after rising in the morning, with considerable rumbling and discharge of flatus. His bowels were moved five or six times a day. The first stools were yellow in color, thin, and fermented. The stools increased in consistency, until the last one at night was nearly natural.

Could not sleep well at night; would go to sleep when first going to bed, but would wake in a short time, and lie awake until some time after midnight. Was not restless, but could not get to sleep. During the first few days under treatment he received Nux vom.[3] to remove whatever drug symptoms were present. While taking the Nux vom. he said it made him feel more like himself than he had felt for a long time. Seven days after, he received Lycop.[30], which relieved the rumbling in the bowels and also the wakefulness, and under which there was a general improvement of his condition. Some gastric symptoms calling for China appeared, and China[3] was prescribed, under which the bowels returned to their normal condition and the appetite became more moderate. In four weeks after coming under treatment he was discharged cured. Three months have elapsed since the last prescription, and he reports himself well in every particular.

II. Miss R., æt. 19. Of scrofulous diathesis. Had an eczymatous eruption, resembling psoriasis, for seven or eight years. Had tried everything, and wanted to know whether homœopathy could do anything for her. General health has always been good. The eruption presented the different stages of eczema on different parts of her person; the extremities were more covered than the body. The eruption though paling at times, had never disappeared altogether. Beyond a slight itching of the eruption at times, and its appearance on her face, it gave her very little annoyance. Owing to the paucity of symptoms, Graphit.[2c] and Calc. carb.[2c] were prescribed at intervals, but with no improvement.

Sulphur[30] was next prescribed, and in a few days she returned, saying that it was worse than ever before. It improved a little for a time, but the thirtieth seemed to exhaust itself, and she received Sulphur[2c] for a time, when, no further improvement showing itself, the 55[m] at long intervals cured her entirely. It is eight months since it disappeared, and she has had no return.

MENINGITIS CEREBRO-SPINALIS.

BY THE ALLEGHENY COUNTY MEDICAL SOCIETY.

HISTORY.

In almost all parts of the United States and the Canadas this disease is known as "Spotted Fever."

Like many other specific diseases that have from time to time visited the habitable portions of the globe, this scourge has been allowed by the profession to come and go without a proper historical record being kept of its visits, or the symptoms peculiar to its epidemic form. Consequently the history of its origin and early development is enveloped in almost impenetrable mystery. Whether its history can be successfully traced back as far as the fourteenth century and disentangled from that of typhus and typhoid diseases—as some authors assert—is extremely doubtful.

As that is not our aim in the present paper, we will content ourselves with merely mentioning some of the important points of difference between it and some of the malignant febrile affections for which it may be mistaken when seen in some of the forms it has been known to assume, and with merely glancing at a few of the most important points of its history, more especially that part of it pertaining to our own State and neighborhood. We shall also endeavor to collect and condense for practical purposes what is known of

its pathology, and to put in such shape the hygienic and therapeutic recommendations acknowledged by the profession to be most effective, and give from our own experience in the management and treatment of this disease such items as are deemed advisable on account of their successful application.

When we consider that only as far back as the year 1836 the scalpel revealed the distinctive difference between typhus and typhoid fevers, and that from the earliest record of these two malignant febrile affections, the morbid manifestations presented so many symptoms in common, it will be evident that to distinguish the exact character of types of disease that prevailed in epidemic form centuries ago, would seem from the limited knowledge of those times to have been impossible.

The history of the many malignant febrile epidemics that have from time to time swept over most of the inhabited portion of the earth, when carefully studied, contain so many undoubted evidences of the existence of this dangerous disease, that we are constrained to believe that its existence dates back as far as any of the other febrile affections of malignant type. The surface manifestations of this malady, at times resembling somewhat those of petechial typhus, have doubtless deceived many of the earlier physicians respecting its true character. For many centuries all malignant febrile affections were classed by most medical writers under one head, and this disease did not therefore claim attention as a separate and distinct affection. This fact will in a measure account for the want of coincidence in the opinions and writings of medical men on this point.

On considering closely the distinctive features of typhus and typhoid diseases, though there may be many symptoms in common seen to correspond with many of those in spotted fever, yet when the pathology of these diseases is studied carefully the distinguishing symptoms are not difficult to discover nor easily mistaken. In typhus and typhoid fevers, though

thorough blood-poisoning may produce severe nervous symptoms, yet the organic lesions that give character to all that class of diseases and indicate their specific form, are most markedly seen and most constantly observed in the structures of the primæ viæ; while those that are most constantly seen in spotted fever are found in the meninges of the brain and spine; thus showing most conclusively that the diseases here compared, though at times difficult to distinguish from one another, are decidedly different, and are most unquestionably produced by a disease-producing power capable in each case of exciting its own specific form of disease, the external manifestations of which make it difficult at times, it is true, to assign it its proper place in the catalogue of diseases. It seems, however, that from 1505 to the present time frequent notices are found of this disease in medical history.

Climate, soil, condition of the waters, the air, or the time of year, so far as yet discovered, seem not to make any appreciable difference in the appearing, the severity or general prevalence of this malady. It has been alike severe in the coldest part of a northern winter and during the hottest portion of a tropical summer.

Europe and America have thus far furnished most of the material for its history. Some of the epidemics noticed in its European history have been fearfully severe, even rivalling the plague itself. The European epidemic of 1528 was closely followed by the plague, and the epidemic that visited Spain in 1557 was said to be fully as fatal as the plague. Again, the epidemic which prevailed over portions of Europe from 1569 to 1574 was followed by the plague. Since that time no considerable period has elapsed without furnishing something for its history. Its outbreaks have been at times almost simultaneous in countries and portions of countries remote from one another, and, frequently, distant from the principal lines of public travel. From this it would seem that some other than the usual influences governing contagion must be looked to as a cause for its propagation and develop-

ment. Many of its most virulent outbreaks have been in the dead of winter. And generally ten to fifteen years, or more, pass before an epidemic is entirely exhausted and disappears.

The history of this disease in the United States, as written, commences about the years 1805 or 1806; and from that time to the present, three different epidemics have scourged our country; New England having furnished, it is said, the first field for its development. Since its first appearance there, the Middle, Southern and Western States and the Canadas have all been more or less ravaged by it, at various times. Whether the State of Pennsylvania has been any more severely visited than her sister States, it is difficult to determine, from the imperfect record kept of it in the different States it has visited. It is also next to impossible to say at what time and place it first made its appearance in this State; but between the years 1806 and 1816 it was seen and recognized in epidemic form in the eastern part of the State. In the year 1848 it made its appearance in the western portion of the State. How long it continued at this time cannot now be determined by the records. In 1863 it again showed itself in the eastern part of the State, and annually, for several years, it has broken out and prevailed with more or less severity in and around the City of Philadelphia.

For several years past occasional cases have appeared in different places in the western portion of the State; and during the last two or three years our own county, and especially our cities, have furnished a considerable number of fatal cases. No regular statistical record being kept, except in those cities where Boards of Health have power to compel a regular return of the cases that die, it is impossible to estimate, with anything like accuracy, the number of deaths occurring of this disease, except in the cities and towns thus provided. And as no provision is usually made in organizing boards of health for enforcing a return of any but fatal cases, it becomes impossible to make any comparison between rival modes of treatment, or to even estimate, with anything like

accuracy, the power of any mode of treatment to save life in this disease. By referring to the records of the Boards of Health of our cities (Pittsburgh and Allegheny City), we find that for the year ending August 1st, 1872, thirty-eight fatal cases were reported, and for the year ending August 1st, 1873, one hundred and thirty-four deaths have been reported as occurring from this disease. It would therefore appear, on considering this record, that the malady is on the increase among us,

But a moderate proportion of the patients attacked show symptoms of that malignant form that has at times caused this disease to be so much dreaded on account of its rapid course and fatal termination. The young and middle-aged seem at present to be its principal victims; childhood and youth coming in for the largest share, and both sexes furnishing subjects for its development. Some other forms of sickness seem to be occasionally complicated with it. At present an unusual number of rapidly fatal cases occur in our cities and suburbs among women in confinement; and by many practitioners of both schools of medicine it is thought, from the absence of many of the usual symptoms of Puerperal Fever and the presence of some of the characteristic symptoms of Cerebro-spinal Meningitis, that this disease is in many of these cases the cause of fatality. But as no post-mortem examinations have been held on such cases, it would be impossible to settle that point at present satisfactorily.

Thus far no evidence has been obtained among us that would at all indicate that the disease is of a contagious character; on the contrary, it seems to be dependent upon causes so obscure, and at the same time so much at variance with the ordinary principles governing contagion, that we feel safe in adding our testimony to that of the many who declare it absolutely non-contagious. It may be added, in closing this brief history, that the gaseous exhalations that are so marked

a feature in typhus and typhoid fevers, are in this disease almost, and in many cases to the ordinary senses, entirely wanting.

J. F. COOPER, M.D.

SYMPTOMS.

The extraordinary array of symptoms occurring in this affection are due to lesions notably constant in character. In proportion as the nervous system or the blood is affected, so the symptoms will vary in character and the degree of their intensity. It will not be the purpose of this paper to enter into a very minute description of these manifold variations, but to give only, under distinct heads (after the manner of our materia medica), the prominent symptoms of this disorder.

The symptoms, especially early in an epidemic, often appear with startling rapidity. The patient may be at work, when suddenly he will experience chills, violent headache, vomiting and quick prostration; or he may even awake from sleep with these violent indications. At other times there is a more gradual accession of the disease, there being a premonitory stage lasting from a few hours to several days. In either case the general symptoms are the same, but the latter are usually less severe and fatal, but tend to a long and tedious recovery.

SENSORIUM.—Every variety of delirium; mild muttering; talkative; raving; hysterical, furious, etc. etc. Delirium in some form is rarely absent during the whole attack, sometimes setting in violently at the very beginning; oftener after two or three days. It is more frequently observed in females, in whom it often takes the hysterical form. The delirium is in many cases paroxysmal, recurring more frequently at night, and when the pains in the head become severe. Occasionally there is a mere cloudiness of the intellect, or incoherence of thought. The patient, though dull, may answer correctly

when aroused. While the mental faculties are intact, there is apprehension and despondency.

Coma appears in nearly all fatal cases, and in a more marked degree as death approaches. It has been observed, however, that it is not as long continued or profound as that accompanying low typhoid conditions. Loss of memory is a notable symptom of some cases.

HEAD.—Vertigo is a prominent and almost constant symptom of epidemic meningitis. There is vertigo on raising the head, and when the patient tries to walk he staggers and falls. By far the most constant symptom of this disease is *headache*. It is oftener referred to the occipital region, where it becomes violent and agonizing, and is more or less paroxysmal. But other parts of the head are not exempt; the temples, forehead and top of the head are the seat of pains, at times most acute. The pains are described as acute, violent, sharp, lancinating, throbbing; boring or crushing. The head feels as if it were in a vice, or as if nails or screws were being forced into the brain. *The head is drawn back*, and the muscles of the neck are very rigid. Except in those violent cases in which coma supervenes almost immediately, the paroxysms of pain will at times extort the most heart-rending groans and screams.

EYES.—A diffusive redness of the eyes is almost always found, and is quite characteristic of the disease. There may be double or even triple vision, and blindness is not unfrequently present. The pupil varies considerably. In some cases there is a constant dilatation or contraction, while in others there is an alternation of these conditions. In the beginning of the disease the pupil is apt to be contracted to a point, and towards the end of a protracted case, it is likely to be dilated to its fullest extent. Conjunctivitis to a greater or less degree is often symptomatic; even purulent ophthalmia and destructive ulceration of the cornea may occur. Strabismus is a common symptom.

EARS.—The hearing is at times impaired during the pro-

gress of the disease; oftener deafness occurs as a sequela. In a few cases there have been purulent discharges.

NOSE.—The sense of smell is generally unaltered, but epistaxis occasionally takes place, to the relief of the headache.

FACE.—The expression of the face changes from time to time with the conditions of the patient. When the pain is severe and paroxysmal, the features are contracted and disordered in a manner indicative of intense suffering. When the pain is more constant the countenance assumes a fixed and rigid expression. It is generally sunken, but more natural and intelligent than is found in typhoid. The face may be flushed, but is more frequently pale. In worse and generally fatal cases, there have been swelling and suppuration of the parotids.

MOUTH.—There is sometimes an aphthous condition of the mouth, with ptyalism. At others, the mouth is dry, with cracked lips and tongue. In some, the tongue-symptoms are not at all characteristic, but present every variety. The condition of the tongue most to be relied upon as characteristic is, a moist tongue, red on the tip and edges, with a heavy white fur in the middle. This has been frequently observed in some recent epidemics. The tongue may be soft, showing the imprints of the teeth; it is also brown and dry, seldom, however, to that degree found in typhoid.

Except where there is high fever, there is very little thirst, and the appetite, although naturally diminished, is not necessarily destroyed, as in other acute diseases.

STOMACH AND ABDOMEN.—Nausea and vomiting are nearly constant symptoms at the onset of the disease, and are clearly sympathetic, dependent upon the disease at the nerve centres.

The bowels are usually constipated, or in a normal condition. In some epidemics diarrhœa has been known to accompany the vomiting.

URINARY.—Although dysuria, incontinence or retention

of urine exists in a few cases, yet as a rule neither the urine nor urinary organs manifest conditions that might be called characteristic. In some cases tube casts, blood or pus corpuscules, albumen, etc. have been observed.

RESPIRATORY.—Respiration irregular, difficult and labored. Frequent symptoms of bronchitis and pneumonia in rare cases; the latter accompanied by epistaxis.

NECK AND BACK.—The muscles of the neck and back are commonly the seat of tonic spasm, amounting at times to the most aggravated opisthotonos. Tenderness and pain along the whole spine, particularly the upper portion. The head is drawn back, especially during paroxysms of pain.

EXTREMITIES.—The joints in some cases are swollen, extremely sore and of a red or purple color. Pains in the arms and lower extremities. Subsultus tendinum. Paralysis of either the arms or legs, or both.

FEVER.—The widest variations obtain as regards the pulse. It is sometimes, especially at the beginning, very slow and weak; later it becomes fast and irregular or vacillating. It is described as small, weak, thready and intermittent in those cases which rapidly terminate fatally. While every variety of pulse occurs, even in the same patient, it is very exceptionally strong and full. The want of tone renders it liable to rapid changes from the slightest causes; such as change of position or even mental influences. In not a few instances the pulse remains normal.

The temperature of the body corresponds in great measure with the state of the pulse. It is quite frequently either normal or below the normal standard. Occasionally the temperature is increased throughout the attack, and a similar phenomenon has been observed just previous to death; the thermometer indicating 104 to 110 degrees.

SKIN.—There are cases in which the skin presents no abnormal appearance. Early in the course of the disease it is likely to be dry; later it becomes moist, or covered with a profuse perspiration. Eruptions are not always to be found,

and occasionally only after death is the skin discolored. Almost the whole range of cutaneous abnormalities are represented in the symptomatology of the skin. The early appearance of petechial spots, especially on the eyelids, chest, &c. have been quite commonly observed. Besides petechiæ, there may be ecchymoses of various kinds and degrees; rose-colored spots; brown or blackish spots; in fact every description of erythema, urticaria, herpes, etc. have been observed at different times and in different cases.

Diagnostic Symptoms. Having in mind that the symptoms of the disease under consideration are due to a specific morbid action expending itself on the meninges of the brain and spinal cord, tending to purulent and plastic exudation, and that there are two elements plainly involved, in varying proportion, viz, the nervous system and the blood, we may be able to distinguish, with more than ordinary accuracy, *Meningitis Cerebro-spinalis epidemica* from typhus or other forms of disease.

As it has been most often confounded with typhus, it will be well to have that disease in view. And first, it will be remembered that there is never to be found, during any stage of typhus, any cerebro-spinal exudation.

Second. Epdemics of meningitis are never *caused* (although they may be influenced) by local conditions, such as filth, deficient ventilation, situation, etc., but prevail among all kinds and conditions of men; and are not confined to any locality.

It is a disease truly pandemic, and of a non-contagious character. The following symptoms are more or less characteristic: Delirium early, often on the first day. The delirium soon merges into coma. Convulsions occur quite early in the disease. Headache, excruciating and violent, continuing after the delirium has begun. Headache, mainly in the back of the head. Head drawn back. Light red suffusion of the eyes. Strabismus common. Deafness. Tongue generally moist and flabby, heavily coated, with clean tip and edges.

Vomiting, a constant and urgent symptom, especially early in the disease, and clearly sympathetic. Bowels natural or costive. Sharp pains in the neck and back; tonic spasms; opisthotonos. Tetanic spasms in many cases, early in the attack. Temperature lower than in almost any typhoid or inflammatory affection. Pulse often normal, but often very fluctuating. Eruptions are wanting in many of the cases; when present they appear in the first day or two. They include erythema, roseola, urticaria, herpes, ecchymoses, etc. Deafness and paralysis are common sequelæ. It has been observed that the hair has not fallen out as after typhoid.

In preparing the symptomatology and diagnosis, we have added to our own observation at the bed-side, by referring to the writings of Stille, Flint, Raue, Bæhr, Da Costa, Frost, Hemple, Marcy and Hunt, and the current literature of the day.

J. H. McClelland, M. D.

ANATOMICAL AND PATHOLOGICAL CHARACTERS, CAUSES AND PROGNOSIS.

Meningitis-Cerebro-Spinalis, as the name implies, is characterized by an inflammatory condition of the cerebral and spinal meninges. Few epidemic diseases furnish *post-mortem* lesions more definite and characteristic. Changes in the membranes, or in the substance of the great nervous centres, denoting inflammatory action, are never entirely absent; varying in extent and degree according to the type and duration of the disease. The process of inflammation is more or less evident in the congested state of the blood-vessels, the presence of serum, lymph or pus, and the softening of the nervous pulp of the brain and cord at different points. Although these lesions may exist in whole or in part, and are essential to a correct conception of the disease, they are but local manifestations of a general morbid condition of the blood, or some constitutional element, not yet explained,

which underlies all of the phenomena which gives expression to the disease.

Rigor mortis is usually well marked and long continued, except in the muscles which had been rigid during life. The purplish spots on the anterior surface of the body disappear or grow paler after death, while large patches of a livid hue, and sometimes a uniform discoloration, is observed along the posterior parts of the body.

The muscles exhibit a deeper shade of color than natural and, in protracted cases, atrophy of their fibres. The blood-vessels of the dura-mater and brain are distended, and the aracnoid covering of the hemispheres excessively congested, and its transparency impaired, when death does not take place in the congestive stage. The pia-mater frequently adheres so firmly to the brain that it cannot be raised without laceration of the cerebral substance.

An effusion of serum is found in the arachnoid cavity and in the ventricles. In some instances the ventricles have been found distended by a milky fluid, and in others by thick yellow pus. The physical qualities of the exudation depend partly upon the type and partly upon the duration of the disease. In its malignant form death occurs before sufficient time has elapsed for the complete development of inflammatory lesions; while in cases of longer duration we have, first, turbid serum, then a pasty and fibrinous deposit, with some admixture of pus; and in still more protracted cases, the exudation is more adherent and firm. The substance of the brain is usually softened, perhaps more generally in circumscribed patches, in some parts of the cortical portion of the hemispheres, or in the medulla-oblongata and pons varioli, in the fornix and septum lucidum, in the walls of the third ventricle, and the canal leading to the fourth, and in the infundibulum. The lesions of the spinal marrow and its membranes are similar to those of the encephalon. The dura mater is often of a dark color, with engorged blood-vessels; the aracnoid is distended by serum, which is clear,

turbid or sanguineous. Pus is sometimes found in protracted cases. The exudation is not usually diffused equally over the cord. Sometimes it is limited to the anterior, more frequently to the posterior surface, or to particular regions of the cord, which appear to be connected by lines of lymph or pus. These accumulations are, as a rule, more abundant in the lower and posterior portions of the cord, and around the roots of the nerves. Softening of the substance of the cord is less frequent than that of the brain. The softening is chiefly confined to the cervical portion, and is generally but partial and superficial. The heart, lungs, liver, stomach, spleen, intestines and kidneys present a variety of lesions, due to complications which may occur during the attack, but which are independent of the pathology of the disease.

CAUSES.—The pandemic character of the disease presupposes the existence of a special cause. Concerning the source of the special cause and the conditions necessary to its production, we have no conclusive evidence. Facts are opposed to the hypothesis that thickly populated districts are essential to its generation. Epidemics have occurred in all portions of the north-temperate zone, and in all seasons of the year. Neither cold or heat has an absolute influence in its causation. Localities impregnated with marsh miasmata have remained unscathed, while those enjoying the pure air of mountain regions have been ruthlessly invaded. It has passed over populous cities reeking with filth, to devastate country villages, and single out here and there a temperate, hardy and industrious son of toil in some agricultural district. The fact appears to be well-established, that the disease is not propagated by contagion or infection, and, as the opposite is true of typhus, their identity cannot be maintained. In brief, both the anatomical characters and the clinical histories of the two diseases present points of contrast more numerous than they do those of resemblance. Whether the special cause is a contaminated condition of the blood amounting to

toxæmia, or some specific poison of atmospheric or telluric origin, has not been satisfactorily determined. As in other non-contagious epidemics, *three* factors seem essential to its production, viz: 1, The prevalence of the special cause. 2, A morbid condition of the system, which renders it highly susceptible to it. 3, A direct or proximate cause. Acting singly, the specific, the predisposing and exciting causes may be innocuous; each is auxiliary in its production. Collectively, they constitute the elements which give rise to the disease.

PROGNOSIS. The death-rate in epidemic meningitis cerebro-spinalis is generally large, especially at the beginning of an epidemic. As the epidemic declines, the percentage of mortality lessens. The mortality is greater among children than adults. A short premonitory stage is unfavorable. An early comatose condition portends imminent danger. After the fourth or fifth day, with the absence of fatal symptoms, the prospect of recovery is more favorable.

Retraction of the head, general convulsions, dilatation and insensibility of the pupil, or a rapid change from a dilated to a contracted state of the pupil, deep coma and difficult deglutition, are significant of danger. A cool surface with a purplish appearance of the skin, especially when rapidly developed, indicates peril. Swelling of the parotids, shrivelled and pale tongue, obstinate vomiting and persistent diarrhœa are regarded as unfavorable symptoms. When the prostration is slight, the appetite but little impaired, and the digestive functions but little disturbed, with general symptoms mild, and absence of petechiæ and discolored spots, recovery may be anticipated. When the attack is sudden and the symptoms violent, the issue is always doubtful. Recoveries have occurred in cases considered hopeless, and death has taken place when the patient was thought to have been in no danger. Death sometimes occurs within a few hours of the attack; sometimes only after months of suffering.

J. C. BURGHER,

TREATMENT.

Until recently very little has been written upon the homœopathic treatment of cerebro-spinal meningitis. As we have seen in the preceding papers, the pathological condition, with its characteristic lesions, has been closely studied and well defined, and the symptoms and course of the disease presented in a manner such as the importance of a thorough knowledge of it demands. The study of this affection in all its phases has made great progress within the past few years; yet up to the present time we have not been able to present many remedies which indicate a close relationship to the disease.

Before proceeding to the consideration of the remedies usually employed in this serious affection, we desire to call attention to some important points relating to the general management of the patients. When first called to see a case of cerebro-spinal meningitis, the patient should at once be put to bed in a quiet, well-ventilated room, the temperature of which should not be below 65° nor above 70° Fahr. The bed-covering should be sufficient for the patient's comfort. Light may be admitted, so long as it does not annoy the patient; otherwise it must be limited. Perfect rest and quiet is of great importance; especially, unnecessary conversation must be avoided, particularly in the case of children.

The medical attendant should see that his hygienic instructions are carefully carried out, as every little proper attention promotes the patient's recovery. There have been recommended as valuable auxiliaries to the homœopathic treatment, applications of cold or warm water to the head and spine; or packing in cold wet sheets, so much relied upon by hydropathic practitioners. Cold applications have been almost exclusively used, up to this time; and many cases are reported, and some have come under the writer's own observation, in which their use has been followed by results as favorable as could be desired. The cold applications

have one great disadvantage, viz: the shock that is sometimes produced, which may be so severe that reaction may not be brought on, and the patient in consequence never recover. This is most apt to occur in children and weak nervous subjects. Their use must be restricted to robust subjects, and those in whom the fever seems to be of an asthenic type, and who retain sufficient vitality to withstand the reaction. Should the reaction be tardy, or the affliction be followed by an increased febrile state, water should be applied to the spine as hot as can be borne. Our experience warrants us in giving a preference to the hot water applications, to the entire exclusion of the cold, because they are more grateful to the patient; and as they do not produce any shock to the nervous system, they are applicable to all ages and constitutions, whether robust or delicate. In cases in which the patient cannot be moved, or any attempt to make the application is followed by convulsions, sponging the body with warm water will have a very soothing effect. The mode of using the hot application is to dip flannel cloths in hot water, wring out sufficiently to prevent dripping, and then applied to the spine as hot as can be borne; this to be covered by dry cloths, and the whole retained for half an hour, to be repeated in one or two hours, if the case requires it.

The medicines most worthy of consideration in the treatment of cerebro-spinal meningitis are: Aconite; Agaricus; Æthusa cyn.; Argent. nit; Arnica, Arsenicum, Bell., Bry., Cactus grand., Calabar bean, Camphor, Cann. Indica, Cantharis, Cicuta vir., Cina, Cimicifuga, Cocculus, Cuprum, Digitalis, Gelsem., Glonoine, Helleborus, Hydroc. acid, Hyos., Ignatia, Lachesis, Nux vomica, Opium, Rhus tox., Secale car., Solanum-nig., Stram., Verat. album., Verat. viride, Vipera redi (?), Zincum, Zizia aur (?).

In the treatment of the disease, as it has prevailed in this vicinity, the following remedies were most frequently and successfully used: Rhus. tox, Gels., Verat. vir., Cicuta vir., Cimicif., Gen., Stramon., Aconite and Lachesis.

Aconite.—Anguish, fear of death; delirium; violent pain in head, particularly in forehead; pain in head, as if it were in a vice; pale or red face; convulsive twitchings in face; eyes fixed and staring, contraction of pupils; photophobia; mouth, throat and tongue red and dry; dry, hacking cough; vomiting of bile and mucus; incontinence or retention of urine; hurried and irregular respiration, with oppression of the chest; pulse full and bounding, or small, quick and weak; skin hot and dry, with numbness and tingling, particularly of the extremities; sensitiveness of the whole spine, from the occiput to the coccyx; violent palpitation.

Alcohol.—Dr. Bushrod W. James, of Philadelphia, we believe was the first to give alcohol in cerebro-spinal meningitis. He has given us no indication for its use, but seems to have given it rather empirically. He used the pure deodorized 95 per cent. alcohol, as follows: "Add two teaspoonfuls of alcohol to two, four, six or eight spoonfuls of water, according to the nature of the case; and give a teaspoonful of the solution every half-hour, until there is a decided abatement in the symptoms. In cases threatening immediate dissolution, the dose may even be increased for a brief period." After commencing the use of alcohol, as above described, the rate of mortality in his hands was less than two per cent.

Arnica.—Delirium, unconsciousness, coma, vertigo; headache when stooping, as if everything would issue through the forehead, with nausea; pain through the head worse when sitting up; twitching of the eyelids, especially the left one; dullness of hearing, epistaxis; putrid smell from the mouth; the mouth feels sore, tongue coated white or yellowish, with or without diminished appetite. Bitter taste in the mouth, vomiting, retching, tasting like rotten eggs. Painful pressure in stomach, extending to the back; distended abdomen, with constipation; diarrhœa, dysenteric stools; frequent desire to urinate, retention of urine, with tenesmus of the bladder; sudden jerks and shocks through the body; convulsive and

tetanic spasms; the whole body feels sore; fever, great thirst, cold hands and feet.

Bell. Violent delirium; unconsciousness; severe headache in the forehead and nape of the neck; drawing the head backwards; boring the head into the pillow, which seems to relieve the pain; throbbing in the temporal arteries. The whole mouth, tongue and fauces red and inflamed; dryness of the throat; dyphagia; grinding of the teeth; pupils dilated; great sensitiveness of the spine, particularly the cervical portion; convulsive twitching of the facial muscles, opening and closing the mouth, with screams; desire to bite and strike; spasms of the extremities, or paralysis; retention of urine, or involuntary discharge of urine; extremities cold, while the face and head are hot; skin dry, with full, hard or small and quick pulse.

Bryonia. Mostly useful in the first stage, when there are alternate chills and fever; great soreness and pain in the whole body; dry hacking cough; mild delirium, the child talks about its plays and playmates; violent pain in the forehead, with nausea and vomiting when sitting up or being moved. Hot, dry skin, with full pulse; thirsty, drinks much at a time, but not often; stools dry, hard as if burnt; sensitiveness of the whole spine; cramps in the calves of the legs and feet.

Camphor. Delirium, with foam at the mouth; loss of consciousness; vertigo, heaviness of the head; the head inclines to fall backwards; spasmodic contortions of the facial muscles, with foam at the mouth; first contraction, then dilation of the pupils; staring, wild look; obscuration of sight; headache as if the brain were contracted, with spasmodic drawing of the head toward the shoulders; severe pain in the occiput, with painful stiffness of the nape of the neck, aggravated by the least motion; face pale or bluish and cold; convulsions, with loss of consciousness; tetanic spasms.

Cannabis Indica. Mild delirium, with alternate madness; loss

of consciousness; vertigo when rising; headache, with confusion of ideas; pain in the occiput and nape of the neck, extending to the shoulders and spine; staring look, pupils dilated; very acute hearing; convulsions, with loss of consciousness; cold face, clammy skin; oppression of the chest, with feeble and irregular pulse; paralysis of the lower extremities; involuntary shaking of the head.

Cicuta vir. Sudden piercing screams in his sleep, wakes up suddenly as if frightened; starts as if he would fall; delirium; unconsciousness, staring eyes, pupils contracted; double vision, objects look black; hardness of hearing; opisthotonos; clonic spasms of the cervical muscles; convulsive movements of the extremities; periodical attacks of convulsions, followed by complete collapse and unconsciousness; pale, bluish, puffed face; foaming at the mouth; tetanus; grinding of the teeth; tonic or clonic spasms.

Cimicifuga. Delirium; constant fear, sees frightful objects; violent headache; pain in the occiput, extending to the back; sleeplessness, starts up soon after falling asleep, throwing out the arms as if he were falling; violent pain in head and nape of the neck, with stiffness and soreness of the whole body. Conjunctiva looks red; staring look; double vision; dilated pupils. Dry tongue, with sensation as if it were swollen; inability to articulate distinctly; violent palpitation; full, quick pulse; slow, full pulse; tension in the neck, as if the muscles were too short; cervical region very sensitive to pressure, causing the patient to cry aloud; pain along the whole spine; clonic and tonic spasms, with loss of sensation; general convulsions.

Cuprum. Incoherent, delirius talk; fear, wants to escape; violent headache, severe pain in occiput, increased by touch or motion; convulsive movements of the head from one side to the other, or the head falls forward; eyes are turned upward; distortion of muscles of the face; face and lips bluish; foaming at the mouth during convulsions; spasmodic con-

traction of the muscles of the jaws; hiccough; vomiting; diarrhœa; severe pain in abdomen, with convulsions; urine dark, red, cloudy, with yellowish sediment; jerking in the extremities during sleep; convulsions, with cries; clonic spasms; pulse small, weak and slow.

Gelseminum. Violent headache, especially in the occiput; the pain extends to the cervical region and shoulders; sudden headache, with dimness of sight and double vision; pupils dilated; ptosis; the muscles of the face are contracted; the tongue is coated white or yellowish, with fetid breath; dysphagia; severe chill, followed by pain in the occiput and spine; pulse full, soft and rapid, or slow; paralysis of the sphincters ani and vesicæ; general paralysis.

Glonoine. Severe throbbing headache, pain from the occiput to the vertex and temples, with throbbing in the heart; pain in the whole spinal column, extending to the head; sparks and flashes before the eyes; pulse full, quick, hard and irregular; face red and hot, with pulsations in face and palpitation of the heart; drowsiness; unconsciousness; convulsions.

Helleborus. Delirium; unconsciousness; twitching of the facial muscles during sleep; photophobia; pupils dilated; twitching of the eyelids; violent headache, especially in the occiput; pain in the occiput, with stiffness of the cervical muscles; dry, white tongue; vomiting of greenish blackish substance; pulse very weak, almost imperceptible; lies in stupor, with eyes half open, and pupils turned upward.

Hydrocyanic acid. Violent delirium, with desire to sing and dance; loss of consciousness, with loss of speech and motion; violent tearing pain in different parts of the head; obscuration of sight; pupils dilated, but slightly sensible to light; eyes spasmodically drawn to the right, then upwards; eyes fixed, prominent, and insensible to light; convulsive twitching of the wings of the nose; tetanus; spasms of the facial muscles; distortion of the mouth; tongue and throat

red and inflamed; dysphagia; vomiting; abdomen distended; involuntary stools; retention or incontinence of urine; difficult respiration; convulsions of the extremities; coldness of the extremities; opisthotonos.

Hyosciamus. Delirium mild, or raving about his business; does not know any one; alternate laughing and raving; the head is shaken or drawn to one side, with loss of consciousness and red, sparkling eyes; spasmodic twitching of the eyelids; squinting, pupils dilated, things look red or too large; double vision; distortion of the face; mouth open; red tongue; loss of speech; paralysis of the tongue; retention of urine, or involuntary discharge; starts from sleep; convulsion during deep heavy sleep; coma vigil; pulse full, hard, with distended arteries, with hot and dry skin. In children, grinding of the teeth during convulsions, foams at the mouth; tetanus; stiffness of the cervical muscles; the head turns to one side; convulsive jerking of the hands and feet; coldness of the whole body; great sensitiveness of the skin.

Nux vomica. Delirium, illusion of frightful visions; loss of consciousness; reeling vertigo; pain in the head, extending to the nape of the neck; paroxysms of severe pain in the nape of the neck; violent convulsions, with distortion of the features; severe convulsions every few minutes, every muscle in the body seems convulsed; opisthotonos; trismus; stiffness of the body after convulsion; sudden starting when going to sleep; coma vigil; fever, with great thirst, worse in the evening; pulse full, hard, and frequent twitching of the eyelids; anxious, staring look; sensation of constriction of the throat; painful, ineffectual desire to urinate; dyspnœa from spasmodic constriction of the chest.

Opium. Delirium, stupor and loss of consciousness; the head feels too heavy, causing it to fall back; pupils contracted or dilated, with insensibility to light; eyes half open; all of the facial muscles relaxed, with dropping of the lower jaw;

spasmodic twitching of the face; face pale or bluish, or dark red, and hot; dry tongue; paralysis of the tongue; feeble voice; bowels constipated; involuntary stools; retention or suppression of urine; stupor, with loss of consciousness; eyes half open; stertorous respiration; slow, weak or intermittent pulse; pale or bluish skin; coldness of the body; loud cries before and during spasms; convulsion, with foam at the mouth; rigidity of the whole body; opisthotonos; blue spots on skin.

Rhus tox. Mild delirium, with insensibility; headache; painful tingling in the occiput; pale face; sunken eyes and pointed nose; tongue dry, red, cracked, or coated yellowish brown, except the point, which is red; unquenchable thirst, especially at night; diarrhœa, watery; mucous bloody stools; frequent urging to urinate, or involuntary discharge of urine at night; sleeplessness, constant restlessness, tossing and throwing himself about the bed; pain in the occiput, with rigidity of the neck; paralysis of the left arm; paralysis of the extremities; petechial spots, with great debility; pulse weak, soft, irregular.

Secale corn.—Stupefaction; insensibility; dull, heavy pain in the occiput, with impaired sight and dullness of hearing; stiffness of the nape of the neck; wild, staring look; distortion of the eyes; double vision; squinting; pale, sunken face; redness of the face; thirst, and slight delirium; tongue coated white or yellowish, or coated with mucus; tongue almost immovable, as if paralyzed; constant nausea, retching; vomiting of bile and mucus; violent, unquenchable thirst; suppression of urine; oppression of the chest; violent palpitation of the heart, with frequently intermittent pulse; tetanic convulsions; convulsive twitching of all the muscles; petechial spots; large ecchymoses.

Solanum nig. Raving delirium; vertigo; horrible headache, as if the head would burst; the least motion aggravates the pain; the head feels too heavy, with staggering gait; hot

red face; pupils dilated; alternate dilatation and contraction of the pupils; small, frequent, irregular pulse; red, scarlet spots; dyspnœa; frequent vomiting, with excessive thirst; coma alternating with convulsion; tetanic rigidity of the whole body; tremor; violent subsultus-tendinum; severe pain in the back of the neck.

Stramonium. Delirium; vertigo, with headache and dim-sightedness; extreme impairment of all the senses; convulsive movements of the head, frequently raising it up or bending it backwards; staring, sparkling eyes; dilated pupils with insensibility; contortion of the eyes and eyelids; hardness of hearing, almost complete deafness; trembling of the lips, hands and feet; circumscribed redness of the face, grinding of the teeth; trismus; difficult deglutition; tongue red, dry, glistening; raised papillæ; involuntary discharge of urine; painful and difficult micturition; opisthotonos, with disturbed countenance; convulsions caused by being touched, or from light and glittering objects; convulsive movements of the arms over the head; sudden screaming during sleep; lies mostly on his back, with open, staring eyes; pulse full, hard and quick, or small and rapid.

Veratrum viride. Vertigo, with nausea and vomiting; pain in the occiput, gradually extending over the whole head, and down the spine; violent headache, as if the head would burst, with nausea, vomiting and retching; twitching of the eyelids; spasmodic rolling of the eyeballs; double vision; dilatation of the pupils; paralysis of the eyelids; convulsive twitching of the facial muscles; distorted face; sudden deafness; oppression of the chest; constant hiccough; mouth distorted; tongue coated on the sides with red streak in the centre; hyperæsthesia all over; convulsions, with tendency to opisthotonos; coldness of the whole body, with cold sweat, especially the hands, feet and face; pulse full, hard, bounding, or feeble, irregular, or scarcely perceptible.

Zizia aur. This remedy has never been used in the treatment of cerebro-spinal meningitis; at least we can find no cases on record in any of the homœopathic journals. It has a direct action on the brain and spinal cord, causing congestion, delirium and convulsions. (See Hale's "*New Remedies.*")

H. H. HOFFMAN, M. D.
C. P. SEIP, M. D.

DIETETIC TREATMENT.

Experience has taught us that the diet in this disease is of the greatest importance; for the system, by its symptoms of what seem to be those of hypersæsthesia, might lead us to give food containing very little nourishment; and it is just here that, in times gone by, the great error existed. Instead of adopting a diet calculated to support the vitality of the system, already overpowered by the paralyzing force of the disease, it was the custom to deplete, and to administer food which had an influence to deprive the blood of that material necessary alike for its power to withstand the poisonous effect of the morbid condition, and to prevent, if possible, that exudation which, in many cases, deprives the patient of life.

In the first stage of the malady, when the tongue is covered with a creamy-like fur and red on the edges, with or without a desire for food, such articles as wine-whey, ice-cream and brandy, milk-punch and ice-cream, and other kinds of food which in a fluid form are of easy assimilation, should be given, not to the degree of producing an exciting effect, but merely to sustain and nourish the vital forces, until the destructive influence of the disease is past, administering the articles selected, according to the wishes of the patient, in small quantities and at intervals of from one to two hours.

Should the patient be insensible or delirious, the debilitating effects of this disease must not be lost sight of, and

the food given should be of that material which, in the judgment of the physician, seems best suited to the requirements of the case. In those cases where the tongue, instead of losing the creamy coating already spoken of, becomes more coated and dry, less nourishment, or a change of nourishment, should be immediately adopted.

It has been found, in those extremely desperate cases where there is an entire loathing of food, that ablutions of whisky, brandy or alcohol will aid in sustaining life, and with injections of beef-tea and such other substances, add to the strength of the system in this battle for life.

In those forms where there is a clean tongue from the first of the attack, beef-tea, or any of the animal broths, will be taken up by the system, and, if given in sufficient quantity and proper form, will add enough strength to ward off a fatal collapse.

In the second stage, when the system is prostrate, and where the destruction of the muscular system is so manifest, it becomes necessary to give a good and substantial diet, consisting of beef-steak, roast beef, mutton, chicken, and all those substances known to produce blood.

As a relapse is very liable to occur, owing to the ravenous appetite, the tongue must be watched, and should it become coated a more careful regimen must be adopted, or a smaller quantity of food given, and in such a manner conduct the regimen of the patient, in this stage of the disease, that the brain and its membranes may never, from want of sustenance, reach that state in which paralysis may ensue.

Should this opportunity be lost, a torpidity of all the vital functions takes place, which, from the loss of power to assimilate food, terminates in starvation.

L. H. WILLARD, M. D.

Bureau of Surgery.

COMPOUND FRACTURE OF THE TIBIA AND FIBULA, INVOLVING THE ANKLE JOINT. RECOVERY.

BY J. H. McCLELLAND, M. D., PITTSBURG.

James F. Street, æt. 47. While working in a coal mine on June 20th, a large piece of "horse-back" slate fell from the roof of the mine, striking him on the back of his head and shoulders, knocking him down, the piece of slate falling upon his right leg just above the ankle joint, causing a compound fracture of the tibia and fibula, with the fractured ends of the bones protruding well from the lacerated wound.

His injuries were attended to by some doctors near the scene of the accident. Two weeks afterwards he was brought into the Homœopathic Hospital to have the leg amputated.

I take the following abstract from the hospital record:—July 4th. The leg is partly encased in a badly constructed plaster of Paris bandage. The leg and foot much swollen, partly from the poor application of the bandage. There is a large wound on the inside of the leg, just above the ankle joint, an inch and a half wide by two and three-fourths long, the fractured ends of the tibia are exposed to view and denuded of periosteum, the injury involving the ankle joint, allowing the escape of the synovial fluid. The wound is in a horrible condition, being fairly alive with maggots, which are discovered in great numbers in the ankle joint and the medullary cavity of the tibia.

The plaster bandage was removed and the wound cleansed as well as possible with carbolic soap and water. Finding the maggots so fully in possession, carbolic acid and water, 1 to 100, was injected into the wound, but did not serve to dislodge the larvæ, whereupon the fluid was made 1 to 10, which destroyed them immediately. The injection was continued until no more maggots could be seen in the wound, yet they continued to appear for several days.

The leg was well bandaged and a Day's exterior leg splint applied. The general opinion expressed was unfavorable to the saving of the leg, but it was deemed best to improve the man's general condition and at the same time attempt to save the limb.

July 6th. The wound is again injected with carbolic acid and water, and oakum applied to absorb the discharges and disinfect the wound. Receives a dose of Calc. phos.^{2c} every day. Appetite improving and sleeps much better.

July 11th. Applied a modified splint, formed by fastening a strip of sheet zinc, about ten inches long by two inches wide, at a right angle to Day's exterior splint, forming a rest for the heel, ankle and leg. This splint, properly cushioned with cotton batting, was applied to the leg and foot by means of adhesive straps, which allowed free access to the wound and escape of discharges. By means of this splint the parts were kept in correct apposition, and the leg could be raised without disturbing the fragments.

July 12th. Complains of burning pains shooting up the leg, preventing him from resting.

July 13th. Wound looks very erysipelatous. R. Rhus tox.^{30}, three hours.

July 14th. Wound looks much better, pains in leg also relieved.

July 17th. Carbolized putty applied to wound. R. Calc. phos.^{2c}, one dose.

July 27th. Wound closing up fast. Says the putty is very agreeable to the wound.

Aug. 16th. Out of bed and around on crutches. Continued the application of carbolized putty. R. Calc. phos.^{3x}, one dose.

Sept. 2d. Improving rapidly, and it appearing that union has taken place, the splint is removed and the leg bandaged. There is a slight discharge from a very small fistulous opening over the seat of fracture. R. Silic. ^{6m}, one dose.

Sept. 20th. Has dispensed with his crutches. There is slight motion in the ankle-joint and the union seems complete.

This case is worthy of notice from the proximity of injury to the ankle joint and the implication of the latter. The lower fragments were very small, rendering it difficult to keep them in apposition, the fractures extending into the joint, evacuating the synovial fluid. The wound was very open, exposing considerable bone uncovered of its periosteum, and the whole appearance of the wound and the discharges were unfavorable. In fact, in a case which appeared to be exactly similar, I was compelled to amputate after a prolonged effort to save the limb.

COMPOUND COMMINUTED FRACTURE OF THE TIBIA AND FIBULA, JUST ABOVE THE ANKLE.

BY CHAS. A. STEVENS, M. D., SCRANTON.

Charles G., a lad of thirteen years, was run over by the street-cars, at Scranton, in Nov., 1867. Both the tibia and fibula were crushed and the integument severely lacerated. Several pieces of the bone were taken out, but a number of pieces that were attached to the integument were adjusted and the limb placed in a bran box, the foot being firmly secured to an upright, at the lower extremity of the box. After adjusting the parts as nicely as possible, wheat bran was put into the box, surrounding the limb, and the patient

made as comfortable as the injury would permit. The patient was kept on the fracture bed for about four weeks, when the limb was removed from the fracture-box, and very soon he began to use it, though two or three fistulous openings remained, through which issued small spiculæ of bone. About six months from the time of injury he was able to walk about comfortably, and soon regained and now has perfect use of the limb.

I desire in this connection to say that I feel greatly indebted in this case to the aid of my worthy friend, Dr. B. H. Throop, of Scranton, surgeon of no little repute in that community, and a prominent member of the Luzerne County (Allopathic) Medical Society.

SKIN GRAFTING.

BY L. H. WILLARD, M.D., ALLEGHENY

This case occurred in the Pittsburgh Hospital during my term of service, with Dr. Caruthers as assistant.

In consequence of secondary amputation, a large slough took place, which left, denuded of integument, a space the size of the palm of the hand. Dr. Caruthers tried skin-grafting, which resulted successfully. Taking three pieces of integument, the size of two pin points, from his own arm, and scarifying the denuded surface, he applied these grafts, at small distances apart, retaining them in position by adhesive straps. These straps were left undisturbed for several days, when, on removing them, only one graft was found in a healthy condition, and this one for several days after seemed also lost, but finally was found to be making some headway. The sound skin surrounding the granulating surface did not show any disposition to cover it. The stump remained in this condition, when Dr. McClelland took charge of the surgical

ward, and Dr. Buffum, his assistant, proposed the trial of the galvanic battery, which method was adopted, in the following manner:—

A piece of thin sheet silver was placed upon the granulating surface, and connected by an insulated copper wire to a plate of sheet zinc placed upon the thigh several inches from the stump, and the current applied. Within forty-eight hours the battery was removed, and not only was the graft found rapidly increasing in size, but projections from the surrounding skin was also observed, and in three weeks the surface was entirely covered with sound integument.

SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.; PHILADELPHIA.

Hydrocele and Hernia. Mr. Edward S. P., æt. 28, presented himself May 2d, 1873, with the right scrotum much larger than an infant's head, due to scrotal hernia and hydrocele combined. Hydrocele alone was present on the left side, making a tumor as large as a man's fist. He stated that the fluid was first noticed on the right side, six, and on the left two years ago, since which he had been tapped every few months. That a year ago after a violent effort at lifting, inguinal hernia made its appearance, and soon after descended into the scrotum, for which he has since been constantly obliged to wear a truss; hernia reducible. The intervals between the tappings were getting much shorter, the water collecting faster, and the scrotum when empty thickened and elongated, being in itself a positive discomfort and deformity.

I did not expect to do more in this man's case, than my predecessors, that is, tap him; as the various methods of surgeons to effect a radical cure had been tried without avail, as excising a portion of the tunic, injecting iodine into the sac, etc.

Removing the truss and retaining the hernia with my fingers, I made a short, straight vertical incision over the front of the scrotum below each testicle, by which the sacs were thoroughly emptied and exposed to the air. In addition to this, setons were passed through the openings to favor drainage and excite inflammation in the tunic. He went home, applied water dressings, but neglected to remove the setons in twenty-four hours, as I told him, and they were kept in five days, until pus had formed within the sac and erysipelatous inflammation supervened. When the discharges had ceased, adhesion was complete throughout, and the result was a radical cure of both his hernia and double hydrocele. His scrotum, at this date, Sept. 24, has contracted to the normal size, and he has not worn a truss since the operation. The homœopathic remedy here, putting a greater inflammation to cure a milder one of the tunica vaginalis, which caused the effusion, although given in too strong a dose, was very effectual. If he had withdrawn the seton on the second day, the result would probably have been the same. As he was a man of means, he came to be relieved, and did not care about the pain and inconvenience of a radical cure, although the result was gratifying to us both.

Cystic Tumor of the Orbit. Assisted by Dr. E. B. Stevens, Aug. 13, 1873, I removed a tumor of this character from the left orbit of Mr. W. Howard Baker, of this city, æt. 20. The growth was first noticed shortly after an attack of scarlet fever, when six years of age, and had been gradually increasing ever since. The case was an enigma to the various physicians who from time to time examined him, and being a person of wealth, he had the opinion of prominent men in this and other cities.

Off and on for the past five years he has been taking homœopathic medicine from a physician of this city with a view to dissipate it. At the time of operation the eyeball was greatly protruded, the loose tissue between it and the supra-orbital ridge near the inner canthus was pushed out, having a

rounded or half ovoid appearance, elastic and tender to touch, made him pale and sick at the stomach to press upon it, eye limited in movement and partly amblyopic by tension of the optic nerve and pressure on the globe. Double vision was so annoying as to virtually prevent his reading without closing the affected eye. For many years he has had little pain, but as the exophthalmos increased, his sufferings have been intense. Being chloroformed, and satisfying myself of the nature of the tumor by an exploring needle, I raised the lid and cut the fold of conjunctiva half way around between the lid and globe, making a necessary upward slit in the lid. By dissection was brought to view a cyst wall; this was separated from side to side as far as possible, transfixed and freely opened. At first a quantity of cheesy semi-solid matter was tilted out by the handle of the scalpel, then by pressure on the ball and drawing on the sac a clear gummy substance was pressed out. The sac was removed and the space filled with a little loose charpie, to induce suppurative inflammation. The collected substance preserved and shown to the family, was in volume as large as a walnut. The result was entirely successful; the eye has receded, now looks natural, is free from pain and double vision, with no orbital deformity.

Strangulated Oblique Inguinal Hernia in a Female. Out of my record of thirty-seven cases of herniotomy, this is the only one of inguinal hernia I have met with occurring in the female, demanding operation. I have been frequently summoned to cases, but easily reduced the bowel under ether.

April 17th, 1873, I was called by Dr. Edward J. Pusey, to see Mrs. Ann Pfeiffer, æt. 58, living at No. 3927 Elm St., West Philadelphia. The woman had never worn a truss, and from her history I inferred that the hernia had existed a long time before she was aware of its real nature, hitherto being reducible. Strangulation with stercoraceous vomiting had existed for about eighteen hours. The right labium was greatly distended, the continuity of the tumor with the abdomen above Poupart's ligament, and impulse on coughing, left no

doubt of the case. After etherization, a careful and prolonged attempt at reduction was made, without avail, when assisted by Dr. Pusey, an operation for relief was performed. On opening the sac, a quantity of brownish serum escaped, and, surrounded by folds of darkened omentum, was a knuckle of small intestine, mahogany colored. The structure at the neck of the sac, when divided, allowed the parts to slip readily into the abdomen. To prevent the descent of the bowel, I passed a ligature several times through the neck of the sac, gathering it together and allowing one end of the ligature to remain without the wound, to draw upon when adhesion had taken place. The incision was closed in the usual manner. The woman was out of bed in two weeks, and does not now require a truss, with no descent of the hernia.

SUPPLEMENTAL REPORT

OF

"A CASE OF CASTRATION."

BY C. P. SEIP, M. D., PITTSBURG.

The case of G. A., from whom both testicles were removed, and a report of which was read before the Society at its last meeting, has now, to all appearances, fully recovered his health.

The ligature on the cord was retained for seven months. The granulating surface around the ligature healed up within a few days after it came away. A remarkable feature of this case is, that the patient, up to the present time, retains full control of his procreative organs; excepting, of course, the power of procreation. His desire for sexual intercourse is as frequent, the erections as vigorous, and the orgasm as strong as at any time during his life.

Bureau of Obstetrics and Diseases of Women and Children.

LABOR,
AS MODIFIED BY PRE-EXISTING DISEASE AND OTHER DEBILITATING CAUSES.

BY J. H. MARSDEN, A. M., M. D., YORK SULPHUR SPRINGS.

Although the womb may be, in the strictest sense, classed with the involuntary muscles, its power of action is modified by such causes as effect those over which the will has the most perfect control. A clear perception of this truth is very important to the obstetrician. Authors in their classification of Labor have termed one variety "Tedious Labor." By this is meant a modification of the parturient process wherein it is prolonged beyond the usual limits. The length of time that may be normally occupied in childbirth is not however definitely fixed; what, therefore, would be regarded a tedious labor by one, might be considered natural by another. Such vague classification, therefore, can be of little account, so far as the throwing of any light upon the proper course of treatment to be pursued is concerned. Scarcely two consecutive cases of prolonged labor, if strictly analyzed, will be found owing to the same cause. Hence the importance in practice of disregarding mere conventional classification, and carefully individualizing each case as it may come before us.

A very common source of protracted labor, as it has occurred to me, is some form of pre-existing disease, often of

recent origin; through which the general strength of the organism had been impaired, and by consequence that of the womb. In such cases the "pains" are infrequent, and of short duration. They may be, and often are, very distressing to the patient; for there is perhaps usually connected with this condition a hyperæsthesia of the nervous system, which no doubt greatly enhances suffering, even from trifling causes. But the uterine contractions are feeble; the hand placed upon the abdomen usually detects their want of vigor. If the fingers, too, be applied to the presenting part during a contraction, the fœtus will be found little, if at all, pressed downward, and many hours may elapse without any perceptible descent, or at least so little as to banish hope of a favorable termination of labor by the natural powers alone.

When we meet with such delay we are of course anxious to ascertain the cause, for similar phenomena *may* depend upon something else than that I have just indicated. The descent of the head may be prevented by its unusual size, narrowness of the superior strait, some mal-position, or a tumor or redundancy of integuments beneath the chin preventing flexion. But when owing to any of these causes, there is often vigorous action of the womb, sometimes more so than usual, as if that organ increased in power in proportion to the resistance to be overcome. But when there is failure or tardiness of descent, associated with distant, feeble and very short uterine contractions, we must look for the cause in some other quarter, and often we shall find it in some pre-existing derangement of health, either general or local, or in the patient having lately expended her energies by inducing extreme fatigue by long-continued or excessive toil.

It will be evident to all, that the indications of treatment in this latter case are very different from those where the delay is caused by contracted pelvis, or the other circumstances we have just before enumerated. In the one case the labor is retarded by causes purely mechanical, in the other purely pathological. In the beautiful language of the sublime

and plaintive Hebrew poet and prophet, "The children have come to the birth, and there is not strength to bring forth." Such a figure might in his day well be employed to portray the deepest and most hopeless national distress.

Before proceeding to detail a few cases illustrative of our subject, we will venture to offer a few remarks upon the proper treatment of the cases under review. In doing so, we do not expect to instruct or supply any new information to those of equal or greater experience than ourselves. Our highest aim will be to furnish a hint to younger practitioners, where such may be found of sufficient docility to think the experience of their seniors at all worthy of regard.

Suppose, then, that upon examination of the case before us we find the patient has been suffering from some debilitating disease, either of quite recent origin or dating from a period more remote, and we encounter the premonitions of a protracted labor such as we have already described and therefore need not repeat. The contractions are so feeble, even after long waiting for an improvement, that we despair, in this state of things, of a natural delivery. The os uteri is often fully dilated, apparently owing to and partaking of the general relaxation of the system, and we will here, in the first place, assume it to be so, but even with this advantage, so feeble is the propelling force that the head does not advance. I say *head*, for I am here supposing the presentation normal; if otherwise, measures of which it is not now my business to speak, would be requisite. What is here to be done? Force is the great desideratum, the essential requisite to effect the end in view. Can we educe it from the womb itself, or must we supply it from an extraneous source. Ergot may in the first place be tried, but cannot under these circumstances be very confidently relied upon. To ensure its prompt effect the susceptibilities of the organ to its specific impression must be intact. But unless my observations have been incorrect, that susceptibility is very much lessened by debilitating disease. I have been in the habit of administering a few drops (from

6 to 10) of the saturated tincture in a little water every fifteen or twenty minutes, and if no result follows, increasing the dose till either the desired end was reached or I was convinced that further trials would be futile. In some few cases this seemed to rally the uterine energies—perhaps in a greater number it failed. We may possibly here find an explanation of the great discrepancy in professional opinion as to the power of ergot. While some are very confident of its specific action upon the parturient womb, others deny that it possesses any such power. Both are right and both are wrong, according to the different stand-points from which the subject is viewed. Ergot undoubtedly acts promptly upon the uterus, at least during the process of parturition, but then that organ must possess sufficient of vitality to receive its impression.

In cases of uterine inertia from disease, where the latter still co-exists with the former, it would certainly be good practice carefully to study the symptoms and administer the homœopathic remedy. This would be proper at least in those cases where the disease is of such a nature that we might expect its amelioration or cure with sufficient promptness to answer our purpose. But even here its *consequences* would be likely still to remain and interfere with the labor.

Of the other debilitating causes to which reference is made in the title of this paper as modifying labor, I can here take time to speak of only one, that is severe and protracted bodily or mental exertion, through the general exhaustion of the vital energies which it produces. Here again ergot usually fails to rally the energies of the womb. Rest is the great restorer of the wearied vital powers, but how in this particular instance to procure it for the patient is a question not always easily answered. The pains, although too feeble to advance labor, are apt to be sufficiently annoying to prevent rest. Our allopathic brethren would unhesitatingly advise Opium in sufficient doses to induce sleep, with the promise that when the patient would wake up she would feel refreshed,

the uterine functions be resumed, and the labor at once proceed to a fortunate termination. This might be so, or it might not. Some women, nay many, are very unpleasantly affected by Opium in large doses. It produces in them headache, nausea, tremors and other unpleasant symptoms. The narcotism of Opium cannot, at least always, supply the place of natural sleep. We have several remedies which are worthy of trial in such cases. Where there is great nervousness, Coffee would probably be found useful. I am not certain but that a cup of well-prepared coffee would, at least with some, do good. If we may reason from our own experience, nothing so effectually relieves us from the effects of fatigue as a moderate draught of this beverage.

When the os uteri is rigid, which under the circumstances we are speaking of is not very common, we should resort to means to promote its dilatation. Actea racemosa is valuable for this purpose. Gelseminum is also probably of use, and some particularly advise Lobelia inflata. When such means fail, we may resort to Barnes' dilators or manipulations with the fingers skilfully executed. By securing the dilatation of the os uteri, we remove an obstacle, and thus as it were accommodate the work to be performed to the weakened powers of the womb. It is like taking off a part of the load from the wearied, jaded horse, already sinking under his burden.

Another admirable expedient for obviating the difficulty to which we have last adverted, is the administration of chloroform. Under its anæsthetic effects the most rigid os uteri will generally relax, and the womb, as if encouraged by the removal of so great an obstacle to the completion of her work, will often wonderfully increase in energy, so as to accomplish her task without further artificial aid.

It is not uncommon, however, to meet with cases of labor modified as we have just indicated, where the natural powers fail even to bring down the presenting part fairly into the cavity of the pelvis. Here, of course, manual or instrun

aid will be required, and a most important decision will be, when we should render it. I will only say, *certainly* before the patient is so far exhausted as to endanger collapse beyond recovery. For my own part, I would interfere long before matters had reached so desperate a condition.

I might cite numerous cases in illustration of my subject, but will not trespass upon your patience with lengthy dry details. I will ask your indulgence only while speaking of three of quite recent occurrence.

Mrs. G., still a young woman, but mother of several children, took a severe cold in the spring or early summer of 1873, and perhaps six weeks before her *expected* confinement. After partially recovering from this cold, she imprudently exposed herself by sitting near an open window, while the air was yet cool, in the early part of the day. This was followed by perhaps the severest attack of pleurisy I remember to have seen. Extensive effusion into the pleural cavity took place, so that she was obliged to be propped up in bed to almost a sitting posture, in order to rest. Pulse was exceedingly quick and feeble, with extreme prostration. Under the diligent use of remedies, absorption gradually took place, but was far from complete when, about the middle of July, I was sent for to attend her in labor, which occurred two weeks earlier than she anticipated. When I arrived I found her uttering strong expressions of suffering, while the contractions, tested in the usual way, were found to be very feeble and inefficient. The os uteri was already dilated, and all the tissues in a state of complete relaxation. As her suffering was extreme, she urgently begged for chloroform, which was given her to her entire relief from pain. I could perceive no difference afterwards in the frequency of the contractions; they still continued to recur feebly, at rather distant intervals, say every fifteen minutes. Tincture of ergot was given, from six to ten drops at intervals of twenty minutes, without perceptible effect. The dose was then increased to twenty drops or upwards, and persevered in for a considerable time, but without

the least result. It began to be manifest that instrumental interference would ultimately be necessary, for the head, which had but partially dipped into the superior strait, made not the slightest advance. I waited, however, till five o'clock, P. M., when I delivered her with Hodge's forceps, of a well developed male child of large size, weight not ascertained,—in all respects healthy.

If I may be pardoned the digression, I would here remark that in this case, at the time of operation, the head had but very partially entered the superior strait; lay in nearly a transverse position—no movement of rotation having taken place, yet the blades of the forceps were introduced along the sides of the pelvis, without any attempt to apply them to the *sides* of the head, one blade, as afterwards seen, resting upon the occiput and one upon the forehead, the head being flexed. The blades locked without difficulty or force, and extraction was affected with the right hand grasping the instrument near the lock, and of course effecting little or no compression, and yet the head was delivered with the occipito-frontal diameter corresponding with the transverse of the lower strait. There was no mark upon the child's head beyond a mere reddening of the skin, indicating the situation of the blade. The mother, on waking up, declared she knew nothing of the whole affair, and made an excellent recovery—the effusion within the chest having in a few days entirely disappeared. The child also did well.

That this case may the better elucidate what I have said, I would further remark that this patient is a woman considerably below medium stature, is, however, well formed, and has always given birth to children of larger size, without instrumental interference in any of her former labors. Her labors have in no case been rapid, but always advanced under energetic contractions of the womb as expeditiously as could be expected from the size of the infant. We may then, I think, justly infer that the utter failure of the maternal powers in the confinement just detailed, was attributable to a modifying

influence upon the womb through pre-existing disease of other organs. The uterus participated in the general atony of the system, and was not simply the subject of atony limited within its own muscular structures.

Another case. Mrs. M., also a young woman, the mother of several children, of short build, healthy and robust. I have been called upon to attend her in all her confinements, but so rapid were her labors generally that I seldom reached her until after the birth of her child. She had always been a hard-working woman, but more so lately, as her husband had fallen into pecuniary embarrassment, through which she was deprived of help. In the early part of August last I was engaged to attend her in an approaching confinement, supposed to be ten days or two weeks distant. The very next evening, however, I was summoned to attend her, as she was supposed to be in labor. When arrived at the bedside I found her without labor-pains, but severely suffering from dysentery, which had harrassed her throughout the preceding day. She told me that a day or two before she had assisted her husband in the harvest-field in raking oats,—that she had previous to this had diarrhœa, which had partially or perhaps wholly subsided, but was superseded by bloody evacuations, griping pains and the most violent tenesmus. Shortly before she had sent for me, she had, probably when at stool, been seized with such violent labor-like pains that she was unable to reach her bed, or even leave the spot where she was. Assistance came to her relief, by whom she was placed in bed. When I arrived the uterine pains had ceased, but the dysenteric discharges and tenesmus continued. Upon examination I found the os-uteri situated high up, and but little dilated. There was reason to doubt whether labor would not be postponed to a future time. After waiting an hour or two, however, there seemed to be a renewal of the uterine contractions, feeble and ineffective, but very painful and annoying. No progress being made after considerable time—no increase in the pains in either frequency or efficacy, I administered small doses of

tincture of ergot, carefully watching the effect and increasing the dose. This practice being persisted in for some considerable time without any important result, and the patient suffering much—roasted as it were between two fires—I gave chloroform to the extent of insensibility to pain. A change very soon took place, even beyond my expectations: the os-uteri speedily descended, became relaxed and fully dilated, the expulsive pains became regular and sufficiently energetic, and the labor, although much more tedious than was customary with this patient, terminated by the natural power sooner than I would have ventured to predict.

A curious circumstance connected with this case was, that the dysentery which had been so violent through the day promptly ceased after taking the ergot. She assured me since her recovery, that from that moment she felt nothing of it; it never returned in any form whatever. Was this a mere accidental coincidence, or did the ergot cure her? I am inclined to the latter belief. (See Bell on Dysentery, Diarrhœa, etc., Article *Ergot.*)

The patient made an excellent recovery, although, to use her own words, she "never had so much trouble with a child before." This trouble, I think, we may very fairly infer was owing to the pre-existing disease already noticed.

I may perhaps expose myself to criticism for administering ergot in this case, with some justice, perhaps, because in such cases it generally does no good, but principally because it was given while the os-uteri was yet undilated and even somewhat rigid. To the first I would say, we cannot always with certainty predict the failure of this drug till we try it;—and to the second, the above objection applies to the use of ergot in large doses only. As formerly, and perhaps yet generally given, it often raises a storm which the doctor is unable to control, and like Saul in the presence of the witch of Endor, he is terrified at the sight of the ghost whose appearance he had himself solicited. Many years ago, I was accidentally led to give the secale in small and often repeated doses, and

have done so ever since. In this way it may be given to evoke uterine contractions, however rigid the os may be, and uterine contractions are a means (I do not say the *only* means), of overcoming this rigidity. It is truly wonderful how small a dose will elicit a response from a womb whose susceptibilities to its influence are intact; and, on the other hand, how large a quantity may sometimes be given without any perceptible effect.

Allow me, in conclusion, to recite one other case. Mrs. W., the wife of a farmer, young, first pregnancy, of low stature, heavy build, healthy in general, but subject at times to rheumatic attacks, came into the room when I accidentally stopped at her house on account of some business with her husband, to state to me the condition of her health, and engage me to attend her in her approaching confinement. I observed her face was very much swollen, as also her hands and arms. Upon examining her feet, I found the integument around the ankles projecting over the tops of her shoes, which were of much larger size than she was accustomed to wear. In short, her whole person, so far as could be discovered, was wonderfully anasarcous—pitting everywhere when pressed with the finger. The very next morning after the interview I was called upon at an early hour to attend her in labor. I regretted I had not an opportunity of ascertaining whether or no the urine was albuminous.

Finding the pains very distant—os-uteri not dilated—and no signs of a speedy delivery, I left to attend to other business. Called again in the course of a day, but found no perceptible progress. In the evening was sent for, with the statement that the pains had become stronger, and that my presence was immediately required. The os was now partially dilated; otherwise no progress, although the transient pains had become very distressing. A kind of subsultus tendinum was observed, which increased the fears of convulsions I had already entertained. Gave Gelseminum in water, after which this symptom soon disappeared. The patient

was exceedingly restive. When dilatation had sufficiently taken place, I ruptured the membranes; but the head, the presenting part, did not descend, but still remained at the upper strait. Finding the pulse becoming quick and feeble, I introduced the blades of the long forceps along the *sides* of the pelvis, and after a little difficulty I procured an easy lock, and delivered the head without withdrawing or in any way altering the instrument. The right hand, as before stated, was placed near the lock, and consequently there was very little compressive force exerted. The handles of the instrument did not revolve in my hand, indicating rotation of the head, nor did the head rotate within the blades, otherwise traces of this movement would have been noticeable upon the skin after birth. One blade had rested upon the forehead, the other upon the occiput; the point of the latter left its mark in a mere reddening of the skin just below the occipital protruberance, and between the tendons inserted there. Both mother and child did well; the dropsical condition of the former quickly subsiding, and she soon regained her accustomed health. She has been since pregnant, but retained her health, and so rapid was her labor that, although using all proper diligence, I did not reach her till some time after the birth of her child. Both her children were of large size.

TWO CASES OF PLACENTA PRÆVIA.

BY MICHAEL FRIESE, M.D., HARRISBURG.

CASE I. The first case is that of a young married woman, pregnant with her first child. Her temperament was leucophlegmatic, with a decided anæmic tendency; but she did not complain, previous to her pregnancy, of being in bad health. It was some two weeks previous to parturition that she sent for me, and stated that she did not feel well, but could not give any very decided symptoms except an uncom-

fortable feeling in the hypogastric region, with some slight nausea. I prescribed Pulsat.[30] and did not see her again until her labor commenced. When I reached her bedside, she told me she had had considerable hemorrhage for several days past, but did not think it was anything unusual. I at once suspected an abnormal position of the placenta, and an examination proved that my fear was well founded. During the examination, she lost a large amount of blood, and thinking that a prompt delivery was necessary, I sent out for counsel and assistance. Dr. C. H. Von Tagen came in a very short time. There was now not much loss of blood, but the os uteri was considerably dilated, and yielding, and it was apparent that if the pains would increase, and the labor go on, dangerous hemorrhage would be the result, the placenta being fairly placed across the mouth of the womb. We proceeded to deliver by forceps, which method was preferred to turning, on account of the position of the child and the advancement of the labor. Delivery was accomplished in a reasonably short time, but not without great loss of blood. The placenta came away soon afterwards, and the hemorrhage ceased. I would here remark, that the method of puncturing the membranes and slowly drawing off the liquor amnii was attempted, but for some reason or other did not succeed. The placenta was broken through by the hand, and the child thus delivered. The patient seemed for a time to present no symptoms but those generally following labor; but within an hour it became evident that reaction was not coming on satisfactorily. We made use of the usual remedies, together with stimuli and artificial heat, but she gradually sank, and died in four hours after delivery. The child survived, and did very well.

CASE II. The next case is one that occurred in the practice of Dr. C. J. Carmony of this city (Harrisburg). The patient was a woman of nervo-bilious temperament, usually enjoying a reasonable degree of health. I was called to see her in consultation with Dr. Carmony, and upon examination found

the placenta presenting, with much loss of blood. Having no forceps with us, Dr. Carmony went to his office to procure the instrument, at the same time bringing with him Dr. I. Elmer Cook. We then proceeded to deliver the lady by turning, which was successfully accomplished, with safefy to the mother, but the child was still-born. In this case also the patient had lost much blood previous to the commencement of labor, and hence it was not considered safe to trust to the evacuation of the amniotic fluid to arrest the hemorrhage. The placenta was broken through, the membranes ruptured, and the child delivered as speedily as possible. This I conceive to be the best course in all cases where dilatation is sufficient to admit of its practicability. I am aware of the difficulty encountered in this serious abnormity, when the os uteri is rigid and comparatively undilated, but have never been so unfortunate as to meet cases of the kind. I have, however, a plan of operation in my mind, should I be brought in contact with such a case. It is as follows: Inasmuch as the uterus is not capable of holding a large quantity of blood from internal hemorrhage, when containing both the fœtus and placenta, I should rely upon the tampon to prevent external hemorrhage, as well as to help on with dilatation of the os uteri. Then, as soon as possible, I should deliver, either by turning or the forceps.

In cases where the uterus is somewhat inert, and the os at the same time soft and dilatable, I give small doses of Ergot, say drop doses of the tincture or fluid extract. This, if not carried too far, will not interfere with delivery by mechanical efforts, and may help to avert post partum hemorrhage by securing permanent contraction of the uterus. Indeed I have come to look upon this remedy as the best we have in its primary action to prevent and remove uterine inertia.

These cases of placenta prævia, although presenting no unusual features and no new method of management, may still, we hope, bring out, by way of discussion, some valuable hints concerning the best mode of treating this alarming difficulty.

PNEUMONIA WITH MISCARRIAGE.

BY J. H. P. FROST, M.D., DANVILLE.

Mrs. C., then aged twenty-nine, was delivered, February, 1872, of a living child at full term, which had ulcers on one leg; two toes and part of the foot of the other side having also mortified. The child lived two days. The mother had received no injury, and knew of no particular influence which could have so unfortunately affected the fruit of her womb. Nor could the experienced physician who attended her discover any cause.

In the following winter, being again *enciente*, and suffering from what she considered a continuance of the menstrual flow, which was really an irregularly recurring uterine hemorrhage, she placed herself under my care. Up to this time she had had seven confinements and miscarriages, with a net result of one stout boy of five, now living, and three infants who lived a few months each, one two days and one three hours. Of the infants who lived respectfully fifteen, ten and eight months, one died of pneumonia and two of cholera infantum.

To restore the health of this lady, who, while in good circumstances and a happy wife, was a most unfortunate mother, I set myself seriously at work.

But very soon after I began giving her medicine, she took a violent cold in January, which settled upon her lungs. Her condition was greatly aggravated by going up stairs to sleep in a cold room; and then still more by the almost incredible imprudence of scrubbing the back porch! This latter affair was unknown to me till many days after, and I then understood what made her grow so much worse in spite of all my efforts. As soon as possible, arrangements were made for warming her sleeping-room, and she remained up stairs in bed, by this time entirely unable to sit up. Her pneumonia was extremely obstinate and severe. She told me I should

have all I could do to save her life from that. But when the intensity of the fever began to abate, and I looked for convalescence, a new and still more formidable danger appeared instead. Pains threatening a miscarriage arose, preceded by a chill; and the tendency of this disaster was much increased by the frequent and racking cough. Still, as there was no hemorrhage, I had hopes that the medicines would prevent the mischief, until, summoned in the night, I found a five months child already born, the placenta undelivered, little or no pain, and plenty of flooding. Frictions of cold water upon the abdomen, Pulsat. and China were employed to bring on the pains; and after two hours incessant effort, I succeeded in removing entirely an adherent placenta. I felt obliged to detach the placenta by the natural means (of uterine contractions) if possible; being well assured that my patient, even if she endured the present injury of a forcible separation and removal, would never survive the putrid fever which must necessarily follow the rupture of the after-birth and retention of portions, however minute, which would inevitably remain attached to the inner surface of the uterus.

Thus by patience and perseverence the great difficulty was overcome. But I was sure that any continuance of the flowing could not but prove fatal. I gave her wine and water, China, and applied cold, wet cloths to the vulva. There was no hemorrhage after the expulsion of the placenta, but the patient remained speechless and almost lifeless for twelve hours. Then she rallied, took nourishment, and was down stairs again in two weeks. During the period of profound exhaustion that followed the labor and loss of blood in her previously enfeebled condition, I did little more for her than to insure absolute quiet and perfect rest. Her certain death was expected by all; and when she recovered, as I had predicted, the family and "the rest of mankind" hardly knew what to make of it.

In the first week of September this lady had another mis-

carriage, or rather abortion, at two and a half months, brought on by washing, and lifting something heavy. This affair, which laid her up for a couple of weeks, gave her little trouble. And I am in hopes to enable her, by proper care and medicines, to do better in future.

CASES IN OBSTETRIC AND GYNÆCOLOGICAL SURGERY.

BY MALCOLM MACFARLAN, M.D., PHILADELPHIA.

1. *Mammary Cancer.*—Mrs. A., æt. 54. *Scirrhus of the right breast*, in a state of ulceration. The growth has been noticed for over a year. Axillary glands not affected. Excision, August 12th, 1864. No return of the disease so far as I know.

2. *Mammary Cancer.*—Mrs. B., Norristown, Pa. Cancer of the right breast; has been noticed for a year and a half. In a state of ulceration. Axillary glands affected. Excision, January 11th, 1869. Died in six months after the operation.

3. *Mammary Cancer.*—Mrs. ——, of Wilmington, Del., a patient of Dr. Tantum. Hard cancer of the right breast. Excision, January 17th, 1870. Patient died on the evening of the day of operation, from secondary hemorrhage.

4. *Mammary Cancer.*—Miss V., Hatboro, Pa., æt. 60. Open hard cancer of the left breast. Excision, July 4th, 1870. No return of the disease as yet; have heard from her quite recently.

5. *Mammary Cancer.*—Mrs. W. Hard cancer of the right breast. First operation August 12th, 1871. Glands were affected. Operated three times. Patient died within a year.

6. *Mammary Cancer.*—Mrs. S. J. M., æt. 35. Hard cancer of the left breast, the glands being involved. Patient was so far gone with the disease that she was in a state of insen-

sibility when I was called. Excision, Dec. 25th, 1871. Patient lived for five months afterward.

7. *Mammary Cancer.*—Mrs. Margaret A. M., æt. 50. Open bleeding cancer of the left breast. Operation, October 20th, 1871. Favorable recovery. Was doing well when heard from recently.

8. *Mammarg Cancer.*—Mrs. S., æt. 55. Open bleeding fungus of the left breast. Operated March 18th, 1871. Returned. Operated again five months later. It has again returned, and will soon prove fatal.

9. *Mammary Cancer.*—Mrs. G., æt. 45, Camden, N. J. Open fungus (bleeding) cancer of the right breast. Was very low, almost moribund, when I was called. Operation, Sept. 11th, 1872. Disease has returned, and she is at death's door.

10. *Laceration of the Perineum.*—Mrs. Kate H., æt. 20. Primipara. Tedious labor. Laceration of the perineum, including two inches of the recto-vaginal septum. Operation, April 1st, 1869. Pared the edges of the laceration and united with wire sutures. Successful.

11. *Laceration of the Perineum.*—Mrs. G. M. H., æt. 25. Laceration of the perineum; the internal sphincter only involved. Operated May 15th, 1869, as above. Successful.

12. *Laceration of the Perineum.*—Mrs. T., æt. 27. Delicate and weakly woman. Tedious labor. Was confined to bed for several months before the operation, in consequence of loose bowels. Operated April 29th, 1870, as above. Successful.

13. *Laceration of the Perineum.*—Mrs. E. McQ. Laceration occurred six and a half years previous to the operation. The woman was very much broken down and in a wretched state of health. Operated January 27th, 1872, as above. Failure, owing to want of recuperative energy.

14. *Laceration of the Perineum.*—Mrs. R. æt. 25. Had very difficult labor. Laceration extensive and serious. Operated, June 13th, 1872, as above; ren [illegible] f tissue and divided the sphincter. Result per [illegible]

15. *Cancer of the Uterus.*—Mrs. M., the mother of a homœopathic physician. Degenerated fibrous cancer of the uterus. Introduced a canula and drew off a pint of thin broken down cancerous material. The patient died March 29th, 1870.

16. *Rupture of the Uterus—Gastrotomy.*—Mrs. H., æt. 25. Primipara. Was called in great haste in consultation. Performed the Cæsarean section the moment of my arrival, which was just as the death of the mother had taken place. The operation was not successful, the child being dead when removed. Had been a face presentation.

17. *Gastrotomy for an Ovarian Cyst of long standing.*—Mrs. S. C. W., æt. 70, of Downingtown. Had an ovarian cyst of long standing. Made a simple and straight abdominal incision, emptied the sac, and kept up the drainage. The operation was successful, and the woman appears to be well.

Bureau of Organization, Registration and Statistics.

A BRIEF HISTORY OF HOMŒOPATHY IN HARRISBURG, PA.

BY MICHAEL FRIESE, HARRISBURG.

About the year 1839, Dr. Ehrman, now of Cincinnati, Ohio, opened an office in Harrisburg for the purpose of practising the Hahnemannian system of medicine. This was the first effort, so far as I can learn, to establish homœopathy in central Pennsylvania. Dr. Ehrman was succeeded by Dr. Whitehead, whose antecedents and subsequent history are alike unknown to my informer. Dr. Baker or Becker also practiced homœopathy here, about the year 1840, but I could not learn whether or not he is the Dr. Becker who practiced in Schuylkill County for many years.

These three physicians, I am informed, were the pioneers of the new school of medicine in this community. I am not able to say what amount of light they shed amid the general allopathic gloom, but the name of Dr. Ehrman is sufficient to indicate that a good work was done.

The next actor in this homœopathic arena was Dr. E. W. Roberts, who is now resting from his labors in "that undiscovered country from whose bourne no traveller returns." He was a man of rare attainments in the profession, and as an allopathic practitioner had accumulated a large practice among the intelligent citizens of this community. When he

took up the new system of practice, he carried with him all his former patients, and received many new ones. His success with homœopathy was both satisfactory to himself and his numerous patients. My personal acquaintance with him, although not extending over a period of five years previous to his death, was of a most pleasing and profitable character.

About the time Dr. Roberts took up the new school of physic, Dr. John H. Fager, also an allopathic practitioner, likewise embraced the tenets of homœopathy. He was as successful as his contemporary, and died in 1872, full of honor and worth, and was mourned by scores of friends and former patients who were wont to seek his counsel in time of trouble. Personally, I can say of him that he was my friend, and shared my unstinted confidence.

Dr. S. T. Charlton, a member of this Society, also commenced the practice of homœopathy in this city many years ago.

As regards the labors of the three last named physicians in the establishment of homœopathy in Harrisburg, we may say that they are "*Trio juncto in uno.*" It is my pleasure to know the last named gentleman well and favorably, and were it not for the probability of his presence during the reading of this paper, I should venture a eulogium upon his superior medical acquirements.

At the present time, (1873,) the number of regular homœopathic practitioners is about twelve. A number of others, we learn, give homœopathic remedies to such patients as will not swallow the nauseous allopathic dose.

Homœopathy in this city is not only an established practice, but is so far in the ascendancy as to deny to its allopathic rival its heretofore proud title of "prevailing system of medicine."

Bureau of Miscellaneous Subjects.

TOBACCO.

BY JAMES B. WOOD, M. D., WEST CHESTER.

From tobacco we obtain one of the most deadly poisons, called Nicotine. It produces death more speedily than any other, excepting Prussic acid. A few drops is sufficient for this purpose, and the necessary quantity may be obtained from a quid of tobacco or a segar.

It may be asked why persons addicted to the use of either, are not immediately poisoned. The answer to this is, that they obtain the poison slowly, and that in all the operations of nature, she immediately rejects all offensive substances as far as in her power, by the process of expectoration and insensible perspiration; besides the system, by long use, becomes, so to speak, accustomed to it, in the same manner as with opium.

Its action on inferior animals produces speedy death, even when administered in small quantities.

When tobacco is taken into the mouth, its poisonous principle is immediately absorbed and carried into the blood, from thence into the circulation, and every part of the body comes in this manner in contact with it; thus it produces in persons unaccustomed to its use, nausea and vomiting.

When used by smoking, its poisonous principle is carried to the blood by absorption. It is in like manner absorbed by the skin; if tobacco be moistened and applied over the stomach, it will soon produce sickness and vomiting, and may endanger life.

Children have been killed by its use, when applied in diseases of the scalp, and also in the form of an enema.

Persons in perilous positions have used it by application to the skin, so as to produce sickness, and thereby escape duty.

The effects of smoking are more injurious than chewing, because the smoke conveys the poison in a more concentrated form to the blood. We will now comprehend why smoking causes redness and dryness of the mouth and throat, accompanied with thirst.

In like manner it affects the voice.

Cancer of the lip is a disease of frequent occurrence, caused by the heat and pressure of the pipe or segar, in connection with the acrid property of nicotine.

We have observed, likewise, that the stomach and digestive organs are disordered by its use. The saliva is a necessary ingredient in the process of digestion. Persons who use tobacco expectorate large quantities, and as it is an indispensable fluid in this process, it follows that its waste is a violation of natural laws; and the swallowing of it, saturated with the poison, is still worse.

There is no no escape from this dilemma. Tobacco produces debility, loss of tone of the stomach, nausea, loss of appetite, indigestion, and likewise constipation of the bowels. The complexion is rendered sallow and the body emaciated.

From this condition there is no escape for the user of tobacco in any form; whether it be from chewing, smoking or snuffing, its ultimate effects are the same. In some instances a cough is induced, attended with emaciation, resembling pulmonary consumption. The heart is likewise affected; its relation to the stomach and the nervous system, leads to irregular action and palpitation. Statistics show that one person in every four who use tobacco, has irregular pulse.

A few days ago we observed in one of the newspapers an article headed, "*How we cultivate disease and death;*" then going on to enumerate how alarmingly disease is on the increase, and showing that in England and Wales, in 1859,

there were 186 lunatics to every hundred thousand persons, while now there are 249 in the same number. And all this is true in face of the fact that greater attention has been paid to the treatment of this disease than formerly. In the same article we are told, that there has been a rapid increase of heart disease, *especially among men.*

Within the last twenty years the number of deaths of males, occuring from this cause, between the ages of twenty and forty-five, has nearly doubled, while there has been hardly any increase in the mortality of women by the same disease. The article concludes thus: that this is obviously attributable to the feverish excitement of modern life, which naturally exhausts the vital powers of men engaged in the competition of business or the general strife for position and wealth.

Now the reasons assumed why there are greater mortality among men than women are untrue, are not founded on fact or reason. Women between the ages mentioned (20 and 45), have, as a general rule, greater duties to perform in the propagation of our race, which more naturally exhausts the vital powers than man. When the latter leaves his counting-room or other place of business, it is for the purpose of rest, and if he fails to embrace the opportunity, it is generally his own fault; on the contrary, woman has on her mind the perplexing duties of her household, combined with the care and proper training of her offspring; has their wants to supply and attend to by night as well as by day, compared to which man's duties sink into insignificance.

Let us examine and see whether there are not other causes for this disease being so common among men, thereby exempting women from its attacks.

Tobacco, in its various forms, was never used to a greater extent than at the present moment.

Intemperance from the use of alcoholic stimulants, although of fearful magnitude, is not greater than the use of tobacco, for the reason that the restraints of legislative enactments

are thrown around the former, while the child of tender years, with penny in hand, can procure the latter, and thus form a bad habit, which is generally retained through life.

A very common disease known among medical men, is *fatty degeneration of the heart.* In this condition the muscular fibres of the heart are softened and weakened, and its walls distended with the pressure of the blood, causing a disease called *aneurism.* The same is true of the large vessels near the heart. Persons thus affected are always liable to sudden death.

Neuralgia of the heart is believed to be dependent on *fatty degeneration*, and has been apparently cured by abstaining from tobacco. Cases are on record of the disease having returned by merely inhaling tobacco-smoke for a short time, without smoking. Diseases of this character are of course incurable, and inevitably fatal.

Let us now inquire how far this may be chargeable to the effects of tobacco and alcohol accumulating from generation to generation.

Dr. Richardson says the blood exhibits the noxious influence of tobacco in the increased fluidity or greater tendency to resist coagulation produced by its use.

As already observed, other poisons which cause speedy death, disorganize the blood in a similar manner. *In other words, they kill it*, for the blood is a living fluid, composed of organized globules visible with the microscope, and swimming in a serous or watery fluid; the corpuscules differ in size and form in different animals, and are always the most important element of the blood. In a healthy condition, the microscope shows a small central depression in each. In smokers this disappears.

Let us now consider the great importance of the blood, on the perfect condition of which depends the healthy action of the body, and then ask yourself the question, whether the poison thus inhaled hourly and daily can be thus endured with impunity? Can a change so great as to be observable by the

microscope, be consistent with the laws of health, or the proper performance of the bodily functions?

The brain and nervous system suffer from the use of tobacco. Remember that we are now talking about the instrument of all motion, thought and feeling. Your every action depends upon the brain,—it is the man. Not only must the brain be in perfect health, but the blood pass to it pure and uncontaminated, in order for its perfect action. Can a person smoke or chew, and the vital stream be not impaired in its functions?

The attention of medical observers has of late been directed to the use of tobacco as one of the most prominent causes of amaurosis, a disorder difficult to cure, and often resulting in permanent blindness.

Some persons may argue that its use produces no sensible effect upon them, but that does not prove that it does no harm. The poison, or malaria, which produces disease, circulates and mingles with the blood, sometimes for days and weeks, before it is developed. Hydrophobia may lie dormant for months.

Do not flatter yourselves that you are secure because you feel no harm; the deadliest maladies take possession of the human citadel, without a moment's warning, or interfering beforehand with the general health. Dilatation of the heart and arteries may be going on for months, or even years, and the blood burst through the attenuated walls and we instantly die. Death steals upon us in our sleep.

Medical writers who have investigated the subject, agree that tobacco diminishes virility, particularly in those who commenced its use in early life.

This subject is one of some delicacy, but its importance demands that it shall be fairly examined. Physical inheritance of the ills of parents are well established facts, and it is fair to infer that an agent which enfeebles the procreative powers must exercise a deleterious influence on the progeny, and thus the evil is perpetuated from generation to genera-

tion, and in this manner identifies itself with national character and national degeneracy. The Spanish, Turks and French people have, of late, been much exercised from the latter cause, and have attributed it to the use of alcohol and tobacco.

On the other hand, look at Massachusetts, Maine and others of the New England States—where for some time the two articles, tobacco and alcohol, have been much proscribed. They grow better and stronger from generation to generation, and also in the elements of national greatness; and they are to-day the most active and enterprising people on the face of the earth. In further illustration of our position, we will cite the case of two families in my immediate vicinity; one of them the parents were of robust, *sinewy* health, and had several children that gave every evidence of long life; the other, the parents were weakly and delicate, and the children of like constitution, giving every indication of short life. The children of the former have long since been numbered with the dead, while the latter, with a single exception, are still alive, the youngest now about seventy years of age. The father of the former was an inveterate chewer and smoker of tobacco; the latter a man of temperate habits, and did not use the article in any form. Now there is some reason why this should be so; there is some violation of the laws of nature to cause this reversion of a natural law. If it was not the habits of the former, will some one give us a satisfactory explanation?

If there be any truth in the homœopathic law of cure, and we firmly believe that it is a law of nature, the fact that tobacco is one of the best remedies in tetanus, opisthotonos, and other kindred diseases, proves conclusively that spinal affections may be and are induced by this pernicious habit; as our investigations in this matter fully confirm our opinion, that spinal affections occur in children of persons who are victims of the vice of smoking or chewing; or if they are not smokers or chewers of tobacco, we need but to go back a single generation, to establish the fact that it is perpetuated

from sire to son; and we enjoin it upon our medical brethren to make like investigations, and we are satisfied that it will be with like results.

These are not isolated cases. The recollection of any one of you will carry you back to similar cases, occurring in your own vicinity, if you only endeavor to trace back correctly the true cause.

It is said that prize-fighters, in training for the ring, abstain from the use of stimulants, especially tobacco. Let us, in this respect, take an example from them.

Some years ago tobacco was prohibited in Switzerland to all youths under fifteen years of age, and the French superintendent of public instruction classified his pupils into smokers and non-smokers, and found the latter to be the best students, and contemplated its prohibition in all the institutions of learning in France.

To the common sense of all we now appeal. The laws of health are the laws of the Creator. Health is the normal condition of all. Disease is the violation of natural laws. No man can violate them without doing wrong. He sins against himself as well as against his offspring. No fact is better established than this—the sins of the father may be visited on his offspring, while he may escape all visible punishment.

Dr. Howe says, of three hundred idiots in the State of Massachusetts whose history could be traced, one hundred and forty-five were offspring of parents one or both of whom were intemperate. In a single family, where both father and mother were drunkards, there were seven idiotic children.

We dwell on the physical effects of tobacco at some length, because intellectual and moral injury must inevitably result. The seat of mind is in the brain; with that organ the mind does all its work. How can it be properly performed when the blood is thus poisoned? Memory is not alone affected; reason, one of the results of God's handi-

work, has been dethroned, and physical and mental indolence induced.

In a recent discussion upon this subject, to meet the argument against the use of tobacco, one gentleman asserted that the world was ruled to-day by persons who are habitual users of tobacco. Happily for his reputation as a gentleman and scholar, he did not assert that it made them great, or added to their intellectual power. Such cases are exceptions, which prove nothing against the general law.

Another gentleman asserted, that when he wished to investigate a case thoroughly, he had but to smoke a segar. And still another made the sublime discovery that Galileo made centuries ago, that notwithstanding all that had been said against the use of tobacco, the world still moves.

A common argument of smokers is, that it does them no harm. Persons have been bitten by rabid animals, and have not been attacked with the disease, yet no one would like to run the risk. Smoking in order to study, arises from habit, and habits grow into necessities, which the non-smoker never feels.

A former professor in the Homœopathic Medical College of Pennsylvania used to declare to his class, that the use of tobacco leads to the use of strong drink, and becomes in this manner a stepping-stone to intemperance; that bad habits never went singly; that one begets another of its kind.

No slavery is more relentless than the use of tobacco—no chain harder to break. It likewise leads one away from good company, because it is generally excluded from the family circle—from the gambling-saloon or bar-room never. You who take a segar in your mouths, turn your faces in this direction, however unwittingly it may be done.

The parent who trains his child to smoke, would be considered as doing wrong, and yet every one who uses tobacco is guilty of that sin.

Our responsibility is great in regard to the coming generation. The faculty of imitation is implanted in the human

breast, by the Creator, for wise and useful purposes, and children are drawn towards those who are older than themselves by invisible steps. What they see us do they try to imitate, and we are under the most solemn obligations to set them an example which they can follow with safety.

As before stated, bad habits go together; so do good ones. When a child is taught to shun an evil practice, it is most likely to avoid others. On the same principle, men who have fallen into vicious habits do not mend in one respect without a general reformation. No matter when they began, the first lesson of self-control induces further effort.

A person recently in our presence consoled himself with the reflection that his indulgence in the "weed" was safe for him. Let him reflect that no evil habit is so easily propagated as the use of tobacco, and that it takes root among the young partly from his example.

We now come to look at its use as a social evil. Every individual owes to the community with whom he comes in contact, a degree of attention to his personal appearance. He ought not to make himself repulsive to those with whom he is obliged to associate. Cleanliness is next to godliness, and of all bad habits to which men are addicted, none are so conducive to filthiness as tobacco. None leads to such a total disregard of the comfort of others as this.

Persons may commence its use, and be scrupulously neat in personal appearance for awhile, but after a short time they become unmindful of cleanliness, and we find the saliva, colored with tobacco, streaming from the corners of their mouths, staining their faces as well as garments. As they grow careless in person, they become indifferent to those obligations towards others which common politeness requires. Although cautious at first not to offend by smok[illegible] torating, they gradually abandon restraint, an[illegible] propriety which they formerly observed.

Smoking, generally speaking, is more offe[illegible]

than chewing. The latter may be concealed for a time, while the former cannot.

We had occasion, several years ago, to ride a few hours in a railrod car, commonly called a smoking-car. Smoking and chewing were indulged in to an unlimited extent, and when we arrived at our destination, the floor of the car was floating with expectoration, so much so, that it would run from one side of the car to the other on rounding a curve, or from one end to the other on ascending or descending grade. Our travelling-bag had to be taken on the seat by our side, and our feet had to be rested on the perch of the seat in front, to keep our boots from being soiled. Thus we were like cattle on an island, awaiting the fall of the waters and the lull of the storm to be relieved.

The sensibilities of many of those who smoke has become so blunted, that the warning usually seen in public places, "*No smoking allowed*," fails to receive a proper recognition. The smoker thinks of himself alone, and those whose business calls them to such places must inhale the fumes they create, *ad libitum*.

We call the attention of the users of tobacco, to the disgusting operation of cleaning their spittoons, and of removing the filth they have caused from the floors. Would that every smoker and chewer were obliged to remove the filth they create,—the evil would then work its own cure.

Persons cause discomfort to others by smoking in public places; yet how common is this habit!—our streets are filled with the smoke from segars, and all are compelled to inhale the air thus vitiated and to have the smoke puffed into their faces.

Tobacco also interferes with the sacred relations of domestic life. No tidy housekeeper wishes her house to be filled with the smoke of tobacco, or the stench of a spittoon,—but if her husband be a smoker or chewer, he must indulge. Indulgence has already become a necessity; to relinquish it on account of his family would to him be an unreasonable sacri-

fice. And when he leaves his house to indulge, where does he go?—to the companionship of bad company; not all at once, of course, but the moment he leaves his own domicil for the purpose of smoking or chewing, he sets his face in this direction, and fortunate man if he escapes them.

The cost of this indulgence is a social and moral evil. How many women toil and drudge, how many children shiver with the cold, that the husband and father may indulge in this luxury, as they term it! We are told that tobacco is a luxury to the poor. Let us bear in mind that the husband and father is usually the only one who partakes of this luxury; the one on whom the burden of the family rests (the wife and mother), pursues her avocation by day and by night; for her there is no luxury. That is monopolized by the strong man, who spends his days in healthful and pleasant exercise, and the night, as we before stated, in unbroken sleep. Want may pinch the household by the abstraction from his wages sufficient to allow him to indulge in the pipe or segar.

Does tobacco do any good? It is a fallacy that tobacco is a protection against contagious or infectious diseases, which has already been exposed. It is claimed that it aids digestion; that the use of a segar, after a meal, enables the stomach to get rid of the oppression caused by eating too much. In other words it helps the glutton out of trouble. We should be made to understand that a sound stomach requires no such assistance to digest a proper meal of wholesome food.

In declaiming against intemperance from alcohol, some persons will use intemperance in eating, as a set-off in other respects. Intemperance in one thing does not prevent intemperance in other things; the glutton, so far from stopping with an over-meal, goes on to drinking and smoking. Here, again, we have the fraternity of evil habits. Tobacco is known by the company it keeps. Admit that it facilitates digestion, and increases the supply of gastric fluid; but it gives the organs of digestion no power. It exhausts the

stomach, by evoking the strength already possessed; it is the whip and spur of an overloaded horse.

All stimulants excite the stomach to exhaustive and enfeebling efforts; then comes dyspepsia with all its attendant horrors.

The benefit some pretend to get from the use of a segar after a meal, is more due to the repose of body and mind, which favors digestion, than to the segar itself. Here it is made useful by the indolence it engenders; though it would be more creditable to accomplish this result under the control of reason.

Another argument in its favor is, that it lightens the toil of labor and is comforting in fatigue. It may bring relief to those who have trained themselves to depend on its use, but the suffering it relieves is the suffering it caused. It is a blessing only where it has first become a curse. We who avoid the habit never suffer the want.

So with all evil habits,—with dram-drinking and opium-eating. They create an artificial want, instead of a natural one, which is of itself a cause of distress, and being relieved of this is called enjoyment. Discomfort is the condition of the victim of this habit, and he feels comfortable only when under its influence; while the normal condition of the abstainer is comfort and health. The tissues of the human body, during the activity of the various organs, are destroyed or consumed by a process similar to combustion, and is replaced by new material which has been conveyed to the blood.

It has been argued that tobacco retards combustion, and enables persons using it to perform greater labor without waste of the body. The same is claimed for alcoholic drinks. Let us reflect that combustion is but the result of a natural law, and that any suspension of it is but a violation of the law of health. Therefore the argument answers and condemns itself.

When a lamp goes out, we supply it with oil, without which only a temporary flame can be produced by raising the wick,

but the wick is more rapidly consumed. So with the lamp of life, when we resort to stimulants instead of food. There is always a penalty lying in wait.

Another argument in favor of tobacco is the universality of the habit.

All nations use stimulants—some opium, others again their alcohol and tobacco—and it is argued that they supply a natural want. If such be sound logic, it is only necessary that it shall be generally used,—vice will then become virtue by its general spread.

It is not true that tobacco supplies a natural want. The reverse is the truth, for persons in a state of nature have no craving for it. It is revolting to the natural appetite; the Creator has stamped an aversion to it on every human palate. His unwritten law forbids its use.

Again, if a natural want is supplied by the use of tobacco, why are women exempt? How does it happen that men alone require it? Has woman no burthens to bear?—she who commences her labor at dawn, and continues it without interruption or limit, exhausted in strength until restored by sleep. Thus she struggles on, unsustained by tobacco, while her rugged husband is exhausted by a few hours labor, so as to require its use in addition to a long night of unbroken sleep.

It is regarded by some as a necessity;—how habit enslaves men—how it perverts their judgment and reason! In regard to other vices their vision is clear; they see errors of habit in them.

Do men encourage it in their wives and children? or why, if it is a necessity, should it not be supplied to them.

Women have the same appetites and necessities as men, and nothing is required but use to make both sexes slaves alike.

Happily, fashion for once has taken the side of reason, and banished it from female society. God grant that the same capricious tyrant banish it from the society of men.

ELECTRICITY,

AS AN ADJUNCT IN

THE PRACTICE OF MEDICINE.

BY H. R. FETTERHOFF, M.D., NEWVILLE.

As all the elements of Nature, however insignificant they may be, each in its proper sphere combine to form a common power, that, when properly used according to Nature's own law, proves to be a great blessing to mankind, relieving them of much suffering that would otherwise have to be endured, as well as saving many lives that would have fallen victims to the relentless hand of death.

Such being the case in general, we conclude, without the shadow of a doubt, that Electricity, which pervades and influences so largely every atom of the universe, must go very far in the government of the vital forces, which we call Life, restoring health to the diseased; thus acting as an adjunct in the practice of medicine. But how, and in what manner to use it so as to obtain the desired result, is the problem to be solved.

The numerous experiments made by men of high medical and scientific attainments, although conducted with great care, and surely not without some success, have nevertheless failed to discover the secret of its application in therapeutics according to a universal law, by which its action is doubtless governed. The Creator of all things has established a law to govern everything he has made; he has left nothing to come by chance, or to act by chance; the conclusion, therefore, is that electricity, although it is one of the imponderable forces of nature, and by no means an insignificant one, must have a law by which to be governed, and by which it may be applied to the various uses for which it was designed.

To some extent this law has been discovered. So far as its

utility as a messenger from man to man is concerned, it is handled with precision; it is man's servant, and goes at his bidding. In the mechanical arts it is used with certainty. In science it is valuable—of its power there is no question; and when the elements are convulsed with it, the stoutest heart will quake; but its application in medicine has not yet been satisfactorily demonstrated. Whether in this respect it has a law peculiar to itself, or whether it is governed by the same law (*similia similibus curantur*) that controls the ponderable agents for the same purpose, with, perhaps, some exceptions, is an unsettled matter, but to the latter, I am of the opinion, the preference belongs.

The electricity put into action by the different instruments, is known as static electricity, is excited by friction and may be collected in Leyden jars; contact electricity or galvanism, caused by the action of acids on metallic elements, and known as a battery, which produces a greater or less quantity according to the number and surface of the elements constituting it; and induced or Faradic electricity, by which a small volume of galvanic electricity, or even magnetism or magnetic electricity, may be so intensified by passing through coils of insulated wire, and by the use of artificial magnets, as to become quite powerful in its action.

While there seems to be an apparent difference in the different forms, so called, of electricity, it is undoubtedly one and the same thing; and electricity may justly be defined as magnetism in motion, the same as wind is the atmosphere in motion yet the same element. This, I think, is clearly illustrated by the magneto-electric machine, which shows magnetism excited and intensified; and the electro-magnetic or Galvano-Faradic machine, which shows galvanism excited and intensified. The one is magnetism and the other galvanism, yet the effect of each is exactly the same and intensified in the same manner.

The experiments of Duchenne, in his treatise on Localized

Electrization, late edition, part i., page 212, says: "Contrary to certain assertions, the continuous, constant current and the induction current, in equivalent doses, exert an identical action on the vaso motor constrictors. We conclude, then, that the magnetism that causes the needle of the compass to point northward, and polarizes every atom of the universe—the electricity by which man sends his thoughts to his fellow-man at a distance in an instant of time, and the lightning that convulses the heavens and causes the earth to tremble, is one and the same; the only difference being in the quantity and circumstances under which it is exhibited.

The entire universe being more or less influenced by this powerful agent, man, the most important object for our consideration (and the animal creation) is also embraced—and its action on the human system in health, but more especially when diseased, and for the restoration of health, is what for the present concerns us most.

The human organism is by some considered similar to a voltaic pile, with its positive and negative polarity, the brain, or centre of the nervous system, forming the positive pole, and the other extremity the negative, the sensory nerve-current representing the direction of the electrical current. That in health the electrical forces maintain their equilibrium, but when these forces are disturbed it brings on disease; or rather it is disease that disturbs the equilibrium, similar to the disturbance of the atmospheric electricity, causing storms, earthquakes, lightning, thunder, &c.; but when it is equally distributed, all nature moves on in its regular order.

If such be the case, it is governed by laws of its own, and if the equilibrium of electricity in the system becomes disturbed, all that would be necessary to equalize it would be, when it becomes reversed, to attach a battery of sufficient force, with the negative-electrode to the head and the positive to the feet, and set it right again; and if the current gets too strong, reverse it, and bring it to its normal standard; be-

cause two currents of electricity of the same polarity will neutralize each other, which is clearly demonstrated by the electric telegraph. If two batteries at opposite ends of the line are attached with the same pole, it will be as though there was no battery to it—it will not work—one neutralizing the other; but put the positive pole of one to one end of the line and the negative of the other to the other end, forming a complete circuit, and all will work well.

Thus also might any single part of the body be treated by localized electrization. There is, however, a difficulty here, even in theory, for while we find the sensory nerve-current in the centripetal direction, the motor nerve-current travels in the opposite course, which, instead of representing the *entire* body as the voltaic pile, shows that it consists only of the nerve-centres, the brain and spinal-cord, or the brain alone, and the motor-nerves the positive or outgoing current, and the sensory nerves the negative or ingoing current.

If the brain and spinal cord represent a voltaic pile, the motor and sensory nerves combined certainly form a complete circuit, and to attach artificial electricity to equalize the disturbed vital current, by the course of the nerve-current, or the reverse, would be a very difficult matter, as neither motor or sensory nerves cannot be electrified without disturbing the other, and sending the current through it in an opposite direction, for in the one it would run with the nerve-current, and in the other the contrary.

Again, Duchenne, with the multiplied experiments he has made, tells us that he has been unable to detect any difference in the effects of Faradization, whether the positive or negative pole was attached to the diseased part, or whether by what he calls reflex electrization the current passed in a centrifugal or a centripetal direction.

We must conclude, then, that the difficulties to be overcome in the above theory prevent its adoption as a law in electrical therapeutics, especially as experience has failed to sustain it.

If you will refer to Hahneman's Materia Medica Pura, vol. iii. you will find quite a lengthy proving of Imponderabilia or Magnetism; first, without any reference to polarity, and then again the positive and negative separately. The manner of applying the magnet, which was of sufficient power to hold twelve pounds, was to apply it to different parts of the body. A considerable part of the symptoms were obtained by the handling of the magnet for several hours each day, in experimenting how to strengthen it, &c., and the clinical part by applying the proper pole to the diseased region; the provings were thus verified.

In Jahr's "Symptomatology" we also find, in addition, a synopsis of the effects of electricity, by which he means induced electricity, as he also has galvanism separately, both taken from the same source.

The symptoms, under the different headings of Electricity, Galvanism, and Magnetism, are similar to some extent, the difference probably being caused by the difference of the volume, duration and intensity of the current and the manner of applying it; large quantity of sufficient intensity causing more marked symptoms, as large doses of drugs act with greater force than small quantities.

Duchenne observes that a current of electricity from the mouth to the anus causes asphyxia and death, and on page 131 gives the experiment of a very weak current restoring a rat that had been chloroformed under a bell jar until respiration had ceased.

The symptoms caused by the action of a battery or electrical machine can very easily be tested; any one who has taken hold of or had the poles of a battery applied may observe the similarity of the sensations produced to those given by Hahneman in his provings of magnetism.

When electricity is made use of as a therapeutic agent, there would doubtless be more uniform and better results if the law of similars were observed, and if it were used in a

milder form. It is now used to excess, as allopaths use drugs, and indiscriminately too. Althaus cautions against the too free and too long continued seances, they not answering as well as milder and shorter ones. My own experience in the matter is very limited, as it is but a short time since I have entertained these views concerning its application, but I expect to make further experiments. It will no doubt require re-proving, clinical testing, and close and impartial investigation to prove its truth or falsity; but I believe it will eventually be fully established.

There is another feature or use of electricity, which might be termed its mechanical or chemical influences, which is of entirely too much importance to be overlooked or lost sight of, and its use in this respect is principally in surgery and surgical diseases. I have reference to the electric cautery, by passing a large volume of electricity through a very thin platinum conductor, heating it to a white heat (it will melt any other metal), and galvanism as an electrolytic agent in the treatment of tumors and exuberant growths. This electrolytic action is demonstrated by its decomposing most chemical substances or compounds, and in electro-gilding.

Tumors may sometimes be decomposed by having the negative pole applied to the tumor and the positive somewhere near by, but perhaps better by electro-puncture, as has been done by several of our western surgeons. One of the essentials of electro-analysis being fluidity of the compound to be decomposed, or that the different particles be moveable, it is hence a question whether a very solid tumor can be decomposed by it, although it may nevertheless have sufficient influence to change the process by which it is nourished, and thereby stop its further growth or even remove it, for every tumor, however firm it may be, has more or less vascularity; but in tumors containing fluid, such as cysts, and those of a highly vascular char[illegible] can be little or no doubt about its efficacy.

Physiologically, the difference between the Galvano-Faradic and the galvanic currents is, that the induced current, having less volume and greater intensity, produces contraction of the muscles as its principal effect; but the galvanic current, of greater volume and less intensity, produces heat and decomposition of the parts to which it is applied—varied in extent according to the surface and number of the elements of the battery.

When the current is applied with wet sponge or leather electrodes, it penetrates to the deeper parts, and is less painful, but with dry metallic electrodes it is confined more to the surface of the skin.

The Galvano-Faradic apparatus should be so constructed as to allow the use of the primary or secondary current, or the positive or negative pole at pleasure, and to change them if desired, and to graduate the strength of the current and number of the vibrations of the trembler to suit the case. The one made by the Galvano-Faradic Manufacturing Co. of New York has all these requisites, as well as that of being portable, and always ready for use at a moment's notice; but to use it according to the law of similars, we should have an instrument producing a *very* mild and even current.

For electrolysis it requires a battery that has constancy and evenness of current, and arranged so as to apply a greater or less number of cups at pleasure, as may be needed. Care should be taken not to have it too strong, or it will produce too much heat, and injure the parts in contact with the electrodes. If the current is not very strong, its application for a greater length of time will compensate for its strength. The best form of battery for this is one composed of carbon and zinc elements, in a solution composed of bichromate of potash, sulphuric acid and water, and being more constant and requiring less care, it need not be renewed so frequently.

For electro-caustic purposes it requires a battery of great volume of current, and one with elements of large surface.

The subject of Electrical Therapeutics is an important one. Although it has received considerable attention, it still requires much more to fully discover its use in restoring health to the diseased.

I do not assume to have given a complete or absolutely perfect theory, nor do I claim to be able to demonstrate its action fully, but if I succeed in exciting greater minds to engage in the work, I will have accomplished something, at least.

NECROLOGICAL REPORT.

BY W. R. CHILDS, M.D., PITTSBURG.

Since making my last report, I have received notice of the death of but one of our members, DAVID JAMES, M.D., of Philadelphia, the appended notice of whom is extracted from a Memorial read before the Philadelphia County Society at its September meeting, and published in the Hahnemannian Monthly for October, 1873.

I hope that, hereafter, physicians will notify the Necrologist of the demise of any member of the Society in their vicinity, and place in his hands such data as will enable him to communicate with those who will be able to furnish the requisite information as to life and history.

DAVID JAMES, M.D., was born March 14th, 1805, at Radnor, Delaware County, Pennsylvania. His earliest ancestor of whom we have any definite record, was David James, of Radnorshire, Wales, who, after enduring persecutions at the hands of the civil authorities on account of his religious opinions, left his own country and settled at Radnor, in August, 1682. He purchased a large tract of land, which continued to be the residence of the family for four generations, and until David, the subject of our sketch, had attained the age of eleven years. David's father was Isaac James, M.D., who survived his son a few months, dying at the age of about ninety-seven, and who had the honor of being the oldest Methodist in the world, having joined that society in 1790, and having been licensed to preach in the year 1800.

David received a part of his early education in the common schools near Radnor, but spent a number of years in the

Academy at South Trenton, then called Bloomsbury. He studied medicine under the tuition of his father and of Professor George McClellan; entered Jefferson Medical College of Philadelphia in 1826, and graduated in 1828. After practising one year in Philadelphia, he settled in Bybery, in the northern portion of the county, where he continued in practice until 1855, when he returned to the city and located in Green Street.

During Dr. James's residence in Byberry, he was regarded as more than ordinarily skilful and successful, and gathered about him an immense practice. About the year 1840 he became convinced of the superiority of Homœopathy as a scientific system of medical practice, and at once commenced to study and apply it. His patients had such confidence in his judgment and skill, that all of them accepted the new method of practice, simply on Dr. James's endorsement. His practice increased, and his influence extended itself still more widely, so that in a comparatively short time Homœopathy had been firmly established over a vast extent of territory, and among a highly intelligent population, as the result of his labor and influence.

On his removal to Green Street, business at once flowed in upon him, so that the partial release from labor, for which he had hoped, as a result of the change of location, was not attained. He continued in active labor until April, 1873, when a cardiac disease, which for several years had interfered with his otherwise vigorous health, assumed a more serious and alarming type, and prevented him from engaging in further physical labor. His malady grew rapidly worse, and on the morning of June 6th, 1873, he calmly passed away to his rest.

We have already alluded to Dr. James's eminent success in practice. In obstetrics and minor surgery he had few superiors, and his skill, particularly in the department of obstetrics, gained for him a wide reputation and a large amount of consulting practice; and his genial manners made for him many firm friends wherever he was known.

He made a public profession of religion when quite young, and during his whole subsequent life was one of its brightest ornaments. He gave but little of his time to medical writing, choosing rather to spend it in religious labor. Before commencing his medical studies he had serious thoughts of giving himself to the ministry, and later in life he was licensed to preach, and was ordained a deacon of the M. E. church in 1848. During all his later years, he labored actively both in the church and the medical profession, and his religious, like his medical influence, though quietly exerted, was widely felt. The death of such a man is a grievous loss to the profession, the church, and the world. His works do follow him, and his memory is blessed.

TREASURER'S REPORT.

DR. *Robt. J. McClatchey, M.D., in account with the Homœopathic Medical Society of Penn'a.* CR.

1873.			1873.		
By Cash received for dues to September 30, 1873,		$242 00	February.	By cash paid Janitor,	$20 00
" Collected for Janitor at Harrisburg,		22 35		" " Jackson Bros. printing circulars	20 00
				P. Dudley's bill as Corresponding Secretary,	20 30
				Wm. Mann's Bill, (Envelopes,)	2 80
				Milner & Sturgis, (binding Transactions,)	11 00
				R. J. McClatchey's bill as Cor. Secretary, postage, &c.	13 83
				Jackson Bros., for bal. due on Trans. 1872,	100 00
			October.	Treasurer's bill—printing bills and postage,	8 40
				Jackson Bros., printing & binding 1000 Rects.	5 00
			October 1,	Cash balance in Treasury,	63 02
		$264 35			$264 35

The Auditing Committee respectfully report, that they have examined the Treasurer's Report, and compared it with his vouchers, and have found it correct.

H. R. FETTERHOFF,
C. P. SEIP,
J. H. McCLELLAND,
} AUDITING COMMITTEE.

Constitution and By-Laws.

CONSTITUTION.

ARTICLE I.

This Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania, and its object shall be the advancement of medical science.

ARTICLE II.

Any physician of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated Medical College, and who subscribes to the doctrine "*Similia Similibus Curantur*," may be elected a member of this Society, upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting.

ARTICLE III.

Every member shall, upon his admission, sign the Constitution, and pay the initiation fee.

ARTICLE IV.

Any non-resident* physician, who shall be judged worthy, from his attainments in medicine or its collateral branches, may be elected a corresponding or honorary member, by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall have no vote, and shall be ineligible for office.

* "*Resolved*, That the term 'non-resident,' as applied to corresponding members in Art. IV, of the Constitution, applies to physicians living without the limits of the United States." Adopted Feb. 6, 1873.

ARTICLE V.

The officers of this Society shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, and three Censors, who shall be elected by ballot by a majority of the members present, at every annual meeting, and who shall hold office until their successors are elected.

ARTICLE VI.

The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered.

ARTICLE VII.

The Vice-Presidents, in the order of their election, shall discharge the duties of the President in his absence.

ARTICLE VIII.

SEC. 1. The Secretaries shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence, and have charge of its archives.

SEC. 2. The Recording Secretary shall keep a record of all the proceedings and resolutions, the names of all delegates and members, with the date of admission of each; notify all committees of their appointments and of the business referred to them; notify all members of their election; authenticate by his signature all papers and acts of the Society, when the occasion requires it, and bring before the Society communications and business needing its action, not otherwise presented.

SEC. 3. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance its interests; give at least two weeks' previous notice of all meetings of the Society, to the members, and keep a record of all the discussions on any and all the branches appertaining to Medical Science that may occur in the Society.

ARTICLE IX.

The Treasurer shall receive all moneys, and make all necessary disbursements, and make an annual report to the Society in writing.

ARTICLE X.

The Censors shall receive applications for membership, and report to the Society those qualified for admission.

ARTICLE XI.

The annual meetings of the Society shall be held at such time and place as shall be designated at the annual meeting next preceding.

ARTICLE XII.

Seven members of this Society shall constitute a quorum.

ARTICLE XIII.

Any article of this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

SECTION I.

The annual meeting of the Society shall be held at 10 A.M. at the time and place decided upon at the annual session next preceding, and the President of the Society, with the concurrence of a majority of the Board of Censors, shall have power to direct such other meetings to be held as they may judge advisable.

SECTION II.

The initiation fee shall be two dollars, and each active member shall pay three dollars annually thereafter.

SECTION III.

It shall be the duty of each member to attend the annual meetings of the Society; or, if unable to attend, to furnish the Secretary with some satisfactory reason for his absence, which shall be laid before the Society at its annual meetings.

SECTION IV.

The names of all active members of the Society remaining in arrears three months after any annual meeting, shall be stricken from the roll, and this provision of the By-Laws shall be appended to all bills.

SECTION V.

At each annual meeting, committees shall be appointed to report upon such subjects as the Society may designate.

SECTION VI.

All communications read before the Society, shall become its property; but no paper shall be published as part of the Transactions of the Society without its sanction.

SECTION VII.

The annual election of officers for the ensuing year shall take place during the last meeting of the session.

SECTION VIII.

The annual order of business shall be arranged by the Recording and Corresponding Secretaries.

SECTION IX.

These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

List of Members.

1870 Allen, J. W., M.D., Altoona.
1866 Ashton, A. H., M.D., 730 S. 10th St., Philadelphia.
1872 Bigler, Wm. H., M.D., 1302 N. 6th St., Philadelphia.
1873 Bingaman, Chas. F., M.D., 298 Penn Ave., Pittsburg.
1871 Borland, W. C., M.D., 98 Market Street, Pittsburg.
1872 Bowie, A. P., M.D., Uniontown.
1868 Bowman, Benj., M.D., Chambersburg.
1868 Brickley, Jeremiah W., M.D., York.
1872 Brickley, Obadiah C., M.D., York.
1873 Buffum, J. H., M.D., 320 Penn Av., Pittsburg.
1866 Burgher, John C., M.D., 332 Penn Av., Pittsburg.
1868 Carmany, C. J., M.D., Harrisburg.
1873 Caruthers, R. E., M.D., 52 E. Diamond, Alleg'y City.
1873 Chantler, I. B., M.D., Allegheny City.
1868 Charlton, S. F., M.D., Harrisburg.
1866 Childs, Wm. R., M.D., 282 Penn Av., Pittsburg.
1868 Christ, Wm. F., M.D., Klecknersville, Northampton Co.
1873 Clark, J. N., M.D., Harrisburg.
1873 Cook, I. Elmer, M.D., Harrisburg.
1866 Cook, Wm. H., M.D., Carlisle.
1866 Cooper, F. B., M.D., 207 Lacock St., Allegh'y City.
1866 Cooper, J. F., M.D., 38 N. Diamond, Allegh'y City.
1866 Cote, Marcelin, M.D., 294 Penn Av., Pittsburg.
1866 Cowley, David, M D., Station A, Pittsburg.
1866 Detwiler, Henry, M.D., Easton.
1866 Detwiler, John J., M.D., Easton.
1867 Dudley, Pemberton, M.D., 684 N. 12th St., Philad'a.
1870 Earhart, J. R., M.D., 1839 Arch Street, Philadelphia.
1873 Edmundson, W. F., M.D., 32 Anderson St., Alleg. City.

1872 Elblein, Adolph K., M.D., Buchanan P. O.
1870 Farrington, E. A., M.D., 1616 Mt. Vernon St., Philad'a.
1866 Faulkner, Robert, M.D., Erie.
1871 Fetterhoff, Hiram R., M.D., Baltimore, Md.
1873 French, H. S., M.D., 238 N. 9th St., Philadelphia.
1866 Friese, Michael, M.D., Harrisburg.
1866 Frost, J. H. P., M.D., Danville.
1873 Fulton, H.W., M.D., cor. Penn & Highland Av., Pittsb'g
1868 Garberich, E. W., M.D., Mechanicsburg.
1866 Gardiner, Richard, M.D., 146 N. 20th St., Philad'a.
1867 Garvin, John J., M.D., 1546 N. 11th St., Philad'a.
1866 Gause, Owen B., M.D., 140 N. 12th St., Philad'a.
1867 Gramm, G. E., M.D., 1656 Vienna St., Philadelphia.
1866 Guernsey, Henry N., M.D., 1423 Chesnut St., Philad'a.
1870 Guernsey, W. F., M.D., 4430 Frankford Av., Philad'a.
1867 Gumpert, B. Barton, M.D., 840 Franklin St., Philad'a.
1873 Harpel, Edw. N., M.D., Shenandoah.
1873 Hawley, L. B., M.D., Phœnixville.
1873 Herron, C. D., M.D., Butler near Penn Av., Pittsb'g.
1866 Hoffman, H. H., M.D., 216 Penn Av., Pittsburg.
1871 Huebener, O. T., M.D., Litiz.
1866 James, Bushrod W., M.D., N.E. cor. 18th & Green, Phila.
1867 James, John E., M.D., 1013 Green St., Philadelphia.
1870 James, Walter M., M.D., 123 N. 21st St., Philad'a.
1866 Jeanes, Jacob, M.D., 521 Vine Street, Philadelphia.
1869 Jones, Jos. E., M.D., West Chester.
1866 Karsner, Chas., M.D., 4845 Germantown Av., Philad'a.
1866 Koch, Aug. W., M.D., 118 N. 12th St., Philadelphia.
1867 Koch, Richard, M.D., 35 N. 12th St., Philadelphia.
1873 Koenig, M. J., M.D., Jersey Shore.
1872 Korndoerfer, Aug., M.D., 805 N. 11th St., Philad'a.
1866 Lee, John K., M.D., 3800 Chestnut St., Philadelphia.
1873 Lefever, Isaac, M.D., Harrisburg.
1866 Liscomb, P. D., M.D., Beaver Falls.
1869 Macfarlan, Malcolm, M.D., 1721 Chestnut St., Philad'a.
1868 Malin, Geo. W., M.D., 4794 Germantown Av., Philad'a.

1866 Malin, Jno.W., M.D., 4847 Germantown Av., Philad'a.
1866 Marsden, J. H., M.D., York Sulphur Springs.
1867 Martin, H. N., M.D., 500 N. 18th St., Philadelphia.
1871 Mercer, Robert P., M.D., Chester.
1871 Middleton, Caleb S., M.D., 664 N. 10th St., Philad'a.
1870 Moore,Thomas,M.D.,W.Walnut Lane & Green St.,G'n.
1866 Morgan, Jno. C., M.D., 1700 Chestnut St., Philad'a.
1866 McClatchey, Robt. J., M.D., 918 N. 10th St., Philad'a.
1867 McClelland, Jas. H., M.D., 316 Penn Av., Pittsburg.
1870 Parsons, Anson, M.D., Springboro, Crawford Co.
1870 Partridge, J. A., M.D., Kalamazo, Mich.
1868 Pfouts, J. S., M.D., Wilkesbarre.
1870 Pierce, W. A. D., M.D., Leopard, Chester Co.
1871 Pratt, Trimble, M.D., Media.
1866 Preston, Coates, M.D., Chester.
1866 Preston, Mahlon, M.D., Norristown.
1872 Rankin, J. S., M.D., Grant Street, Pittsburg.
1866 Raue, Chas. G., M.D., 121 N. 10th St., Philadelphia.
1866 Reading, John R., M.D., Somerton.
1870 Reinhold, H. E., M.D., Williamsport.
1871 Rittenhouse, S. R., M.D., Reading.
1870 Roth, A. A., M.D., Frederick, Md.
1866 Rousseau, L. M., M.D., 294 Penn Avenue, Pittsburg.
1872 Rutter, J. C., M.D., Bloomsburg.
1872 Sartain, Harriet J., M.D., 210 Franklin St., Philad'a.
1868 Seip, C. P., M.D., 216 Penn Avenue, Pittsburg.
1866 Smedley, R. C., M.D., West Chester.
1870 Spencer, J. H., M.D., 1306 N. 7th St., Philadelphia.
1872 Speth, W. F., M.D., Lewistown.
1868 Stevens, Charles A., M.D., Scranton.
1870 Taudte, F., M.D., Thirteenth St., South Pittsburg.
1871 Thomas, A. R., M.D., 937 Spruce St., Philadelphia.
1867 Uric, Wm. T., M.D., Chestertown, Md.
1867 Walker, Mahlon M., M.D., 5262 Germ'n Av., Philad'a.
1866 Wallace, M.W., M.D., 38 N. Diamond, Allegheny City.
1871 Wallace, Thos. C., M.D., 255 Beaver Av., Alleg. City.

1871 Wareham, Edward A., M.D., Glen Rock.
1870 Waters, Geo. H., M.D., 474 N. 6th Street, Philad'a.
1866 Williams, Thos. C., M.D., 567 N. 5th St., Philad'a.
1866 Willard, L. H. M.D., Arch St. & Ohio Av., Alleg. City.
1870 Willits, Wm., M.D., Williamsport.
1866 Wood, Jas. B., M.D., West Chester.

HONORARY MEMBERS.

1868 Dake, Jabez P., M.D., Nashville, Tenn.
1868 Doran, Charles R., M.D., Hagerstown, Md.
1868 Helmuth, Wm. Tod, M.D., New York.
1868 Paine, H. M., M.D., Albany, N. Y.
1868 Payne, Wm. E., M.D., Bath, Maine.
1868 Pulte, J. H., M.D., Cincinnati, Ohio.
1868 Rockwith, F. A., M.D., East Saginaw, Mich.
1868 Talbot, I. T., M.D., Boston, Mass.

CORRESPONDING MEMBERS.

1873 Alvarez, Paz, M.D., Madrid, Spain.
1873 Chauvet, Fernand, M.D., Tours, France.
1873 Eidherr, Francis, M.D., Vienna, Austria.
1873 Nichol, Thomas, M.D., Montreal, Canada.
1873 Pope, Alfred C., Esq., London, England.

Necrological List.

1866 Barnaby, John E., M.D., died Jan. 5th, 1869.

1867 Barrett, Charles B., M.D.

1870 Bratt, Benj. R., M.D., died Jan. 31st, 1872.

1866 Brooks, Silas S., M.D., died July 2d: 1871.

1871 Dreebelbis, David L., M.D.

1866 Herron, James A., M.D., died Nov. 15th, 1868.

1866 James, David, M.D., died June 6th, 1873.

1871 Lovejoy, Ezekiel, M.D., (honorary) died Aug. 15, 1871.

1866 Williamson, Walter, M.D., died Dec. 19th, 1870.

1866 Williamson, Walter M., M.D., died May 5th, 1874.

TRANSACTIONS

OF THE

EIGHTH AND NINTH ANNUAL SESSIONS

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

February 5th and 6th, 1873.

October 1st and 2d, 1873.

PHILADELPHIA:

JACKSON BROTHERS, PRINTERS, 404 LIBRARY STREET.

1874

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